

Case Number:	CM13-0048121		
Date Assigned:	12/27/2013	Date of Injury:	07/09/2001
Decision Date:	02/24/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a female patient with a date of injury of 7/9/01. A utilization review determination dated 10/18/13 recommends non-certification of doxepin as there is "no relationship to the compensable injury" and "doxepin is an antidepressant medication. Doxepin may also be utilized for sleep/insomnia when accompanied by depression. From a pain management standpoint, the use of doxepin is not supported for the treatment of this claimant." A progress report dated 10/9/13 identifies subjective complaints including neck and low back pain. She awoke 2 weeks ago with spontaneous left and right leg pain, and the left leg has progressively worsened. Pain refers to the left buttock and top of the thigh, anteroposterior leg to the left foot. She reports 50% analgesia with pain medications, but this does not translate into any significant function. She denies side effects. Objective examination findings include low back and posterior hips tenderness, positive lumbar facet loading, decreased lumbar spine range of motion, left trochanteric bursa tenderness, left inguinal tenderness, motor testing 4/5 for the hips and knees. Diagnoses include cervical post laminectomy syndrome, cervical myelomalacia now corrected after emergent surgery, lumbar post laminectomy syndrome, opioid dependence, chronic pain syndrome, and depression/anxiety. Treatment plan recommends Percocet, Norco, doxepin, and diazepam.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

One medication refill: Doxepin Hydrochloride 10mg #60 (30 day supply): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Goodman and Gillman's The Pharmacological Basis of Therapeutics, 11th ed. McGraw Hill, 2006. Physician's Desk Reference, 65th ed, www.RxList.com, the Official Disability Guidelines Workers Compensation Drug Formulary, drugs.com, the Monthly Prescribing Reference,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

Decision rationale: The MTUS Chronic Pain Guidelines indicate that antidepressants are "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain... Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated." Within the documentation available for review, there is documentation of neuropathic pain and the provider has noted 50% pain relief with medications and no side effects. As such, there appears to be a clear indication for continuation of this medication. In light of the above, the current request for Doxepin Hydrochloride is medically necessary.