

<b>Case Number:</b>	CM13-0050007		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/25/2011
<b>Decision Date:</b>	02/26/2014	<b>UR Denial Date:</b>	11/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/08/2013

### 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 Orthopedic Surgery, 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:

The patient is a 56-year-old female who sustained an injury to the low back on 04/25/11. In the records provided for review was an evaluation by [REDACTED] on 11/13/13 documenting lumbar complaints. The office note documented that the claimant was awaiting surgery for a lumbar fusion with recent imaging showing L4-5 radicular findings. Physical examination on that date was not noted. Prior clinical records for review included an assessment by [REDACTED] on 08/16/13 noting continued complaints of low back and leg pain. He documented that a physical examination of 5/5 motor strength, normal sensation, and equal and symmetrical reflexes. Radiographs reviewed on that date were documented to show retrolisthesis of L5 on S1 and the claimant was diagnosed with a spondylolisthesis, stenosis, and radiculopathy. In addition to the surgical process being recommended, there is a request for Doxepin/Velvachol topical compounding agent.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compounded -Doxepin H / Velvachol Day supply: 30 quantity: 60 refills: 00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, Topical Analgesics. Page(s): 111-113.

**Decision rationale:** Based on California Medical Treatment Utilization Guidelines (MTUS) Chronic Pain Medical Treatment Guidelines, the role of this topical agent cannot be supported. The Chronic Pain Guidelines indicate that topical compounded agents are largely experimental in use with few randomized clinical controlled trials to determine efficacy or safety. Compounding agents that contain any one agent that is not supported would fail to necessitate the agent as a whole. Chronic Pain Guideline criteria currently would not recommend the role of the current compounded medications including the Doxepin or Velvachol in the topical setting. The absence of support of the above agents would fail to necessitate this role of this topical compounded agent.