

Case Number:	CM14-0101056		
Date Assigned:	07/30/2014	Date of Injury:	08/21/1987
Decision Date:	09/09/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/30/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 expert 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 records presented for review indicate that this 47 year-old female was reportedly injured on 8/21/1987. The mechanism of injury is noted as a lifting/twisting low back injury. The most recent progress note dated 6/24/2014, indicates that there are ongoing complaints of low back pain. Physical examination demonstrated ambulation in the office without assistance with slight dyskinetic gait; full strength in lower extremities; well healed scar in the lower region. No recent diagnostic imaging studies available for review. Diagnosis: post laminectomy/failed back syndrome, chronic pain syndrome and motor adjustment disorder. Previous treatment includes lumbar spine surgery, a functional restoration program and medications to include Buprenorphine, Doxepin, Flexeril, Venlafaxine ER and Lyrica. A request had been made for Doxepin 3.3%, 30 gram, Quantity 2 for date of service 3/28/2014 and was not certified in the utilization review on 6/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Doxepin 3.3%, 30 gram, Quantity 2 for date of service 3/28/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111 - 113.

Decision rationale: Doxepin topical tricyclic antidepressant cream FDA-approved for the short-term management (up to 8 days) of atopic dermatitis and lichen simplex chronicus. MTUS guidelines state that topical analgesics are largely experimental with few randomized controlled trials to determine efficacy or safety. As such, this request is not considered medically necessary.