

Case Number:	CM14-0109507		
Date Assigned:	08/01/2014	Date of Injury:	01/29/2002
Decision Date:	10/08/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/15/2014

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 63-year-old female was reportedly injured on January 29, 2002. The mechanism of injury is noted as preventing boxes from falling off a desk. The most recent progress note, dated August 5, 2014, indicates that there are ongoing complaints of shoulder pain, neck pain, and upper back pain. No abnormalities were noted on physical examination. Diagnostic imaging studies of the left shoulder revealed a low-grade intrasubstance tear of the supraspinatus tendon and severe acromioclavicular joint arthritis. Previous treatment includes oral and topical medications. A request had been made for doxepin gel and Buprenorphine Sublingual Troches and was denied in the pre-authorization process on June 20, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

DOXEPIN 3.3% gel: Upheld

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

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

Decision rationale: Doxepin is a tri cyclic antidepressant. According to the California Chronic Pain Medical Treatment Guidelines the only topical analgesic medications indicated for usage include anti-inflammatories, lidocaine, and capsaicin. There is no known efficacy of any other topical agents. Per the MTUS, when one component of a product is not necessary, the entire product is not medically necessary. Considering this, the request for Doxepin gel is not medically necessary.

BUPRENORPHINE 0.1 MG SUBLINGUAL TROCHES #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26-27 of.

Decision rationale: The California MTUS guidelines recommend Buprenorphine (Butrans) for the treatment of opiate addiction and as an option for chronic pain, especially after a detoxification program. Review of the available medical records, fails to document that the injured employee meets the criteria for the use of this medication. As such, this request for Butrans patches is not medically necessary.