

Case Number:	CM14-0119791		
Date Assigned:	08/06/2014	Date of Injury:	07/13/2011
Decision Date:	09/22/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/30/2014

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 has a subspecialty in Interventional Spine 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 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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The patient is a 65-year-old male with date of injury of 07/13/2001. The listed diagnoses per [REDACTED] are, 1. Spondylosis, lumbosacral. 2. Pain in joint, shoulder. 3. Cervical spondylosis without myelopathy. 4. Syndrome, cervical brachial. According to progress, report 06/10/2014, the patient presents with neck pain and leg pain. He utilizes his medication which helped improved his function. He states he has numbness and tingling around the posterolateral portion of his right leg, which extends into his feet. He also has left shoulder and left elbow pain, which is described as aching. Patient's current medication regimen includes mirtazapine 15 mg, naproxen 550 mg, doxepin 3.3% cream 60 g, capsaicin 0.075% cream, omeprazole 20 mg, tramadol ER 150 mg, Norflex ER 100 mg, and Acetadryl 500/25 mg. Treating physician states omeprazole is to be discontinued, and he is requesting a refill of doxepin 3.3% cream 60 mg and capsaicin 0.075 cream. Utilization review denied the request on 07/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Doxepin 3.3% Cream 60 grams: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Kaiser (<https://healthy.kaiserpermanente.org>) Medication name Generic name: Doxepin Cream - Topical Pronunciation: (dox-EH-pin) Brand name(s): Zonalon.

Decision rationale: This patient presents with back pain and leg pain. His back pain is constant, and he has numbness and tingling around the posterolateral portion of the right leg, which extends into his feet. The treating physician is requesting a refill of doxepin 3.3% cream 60 g. Doxepin is a tricyclic antidepressant. The ACOEM, MTUS, and ODG do not specifically discuss topical cream Doxepin. Kaiser (<https://healthy.kaiserpermanente.org>) states, "This medication is used to relieve troublesome itching from certain skin conditions (e.g., atopic dermatitis, eczema, neurodermatitis). It should be used only for a short time (no more than 8 days). Doxepin is a tricyclic antidepressant. It is not known how this medication decreases itching." The treating physician does not provide a rationale for why this patient requires this topical cream. There are no discussions of atopic dermatitis, eczema, and neurodermatitis. Etc. Furthermore, the patient has been prescribed this medication for long-term use. Kaiser states when indications have been met, it should be used "only for a short time (no more than 8 days) therefore, this request is not medically necessary.

Capsaicin 0.075% Cream: Upheld

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

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

Decision rationale: This patient presents with back pain and leg pain. His back pain is constant, and he has numbness and tingling around the posterolateral portion of the right leg, which extends into his feet. The treating physician is requesting a refill Capsaicin cream. The MTUS Guidelines allows capsaicin for chronic pain condition such as fibromyalgia, osteoarthritis, and nonspecific low back pain. However, MTUS Guidelines considers doses that are higher than 0.025% to be experimental particularly at high doses. The requested Capsaicin cream contains 0.075% of capsaicin, which is not supported by MTUS) therefore, this request is not medically necessary.