

Case Number:	CM14-0155504		
Date Assigned:	09/25/2014	Date of Injury:	08/27/2007
Decision Date:	11/25/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/23/2014

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 Occupational Medicine and is licensed to practice in Montana. 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 injured worker is an insurance agent with a date of injury of 8/27/07. She has complaints of neck pain, low back pain with radiation to the right leg, and right elbow pain. She also has bilateral carpal tunnel syndrome, status post carpal tunnel release on the right. Treatment has included an L5-S1 fusion, corticosteroid injections, acupuncture, chiropractic treatment, physical therapy and medications. Medications have included analgesics, anti-convulsants, non-steroidal anti-inflammatory drugs, muscle relaxants and topical therapy. The primary treating physician has requested Gabapentin 600 mg #120, Doxepin cream 3.3% 60 g, and Hydrocodone/APAP 5/325 #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Doxepin 3.3 Cream 60gm: 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 Antidepressants for chronic pain Page(s): 13-15. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Antidepressant medication

Decision rationale: Doxepin is a tricyclic anti-depressant. The MTUS notes that anti-depressants are recommended as a first-line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclic anti-depressants are generally considered a first-line agent unless they are ineffective, poorly tolerated or contraindicated. Side effects include excessive sedation and should be assessed. The optimal duration of treatment is not known. Long-term effectiveness of anti-depressants has not been established. There are no high-quality studies showing anti-depressants to be efficacious for treatment of lumbosacral radiculopathy. Tricyclic anti-depressants are recommended over selective serotonin reuptake inhibitors unless adverse reactions are a problem. Caution is required because tricyclic anti-depressants have a low threshold for toxicity. The ODC guidelines recommend assessment of treatment efficacy, including not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Side effects, including excessive sedation (especially that which would affect work performance) should be assessed. It is recommended that these outcome measurements should be initiated at one week of treatment with a recommended trial of at least 4 weeks. Although use of tricyclic anti-depressants is supported by the MTUS the use of topical medications are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of anti-depressants and anticonvulsants have failed. The use, specifically of topical antidepressant medications, is not addressed and thus not recommended in the MTUS. The medical records do not show documentation of treatment efficacy, changes in use of other analgesic medication, or side effects as recommended by the MTUS. The request for Doxepin 3.3% 60g is not medically necessary.