

Case Number:	CM14-0030920		
Date Assigned:	06/20/2014	Date of Injury:	02/12/2001
Decision Date:	07/18/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/11/2014

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Texas. 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 a 69 year old female who had a work related injury on 02/12/01. She was injured when she had a slip and fall. The injured worker was treated initially and her diagnosis was degenerative lumbar disc disease, acquired spondylolisthesis, and leg pain. The injured worker was treated with physical therapy and massage therapy, medications anti-inflammatory gels, anti-inflammatory drugs. On the Lower extremities an electromyography (EMG) dated 07/29/11 showed chronic left L3-4 and right S1 radiculopathy with ongoing denervation. Lumbosacral spine MRI dated 11/03/11 showed mild central canal stenosis at L4-5 secondary two millimeter anterior listhesis and prominent hypertrophic arthritic changes of facets, thickening of ligamentum flavum. Hypertrophic arthritic changes at L5-S1 facet joints. There was a prior utilization review on 02/12/14 for the doxepin cream which was non-certified. The current request is for Doxepin 3.3% cream 60g.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Doxepin 3.3% cream, 60gm: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, compound drugs.

Decision rationale: The current request for doxepin 3.3% cream 60g is not medically necessary. The clinical documentation submitted for review and current evidence based guidelines do not support the request. Doxepin is used to relieve troublesome itching for certain skin conditions (atopic dermatitis, eczema, neurodermatitis), and should be used short term, no more than eight days. Therefore, medical necessity has not been established.