

<b>Case Number:</b>	CM14-0077170		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	08/21/1987
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	05/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 & Rehabilitation 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 underlying date of injury in this case is 08/21/1987. The patient's diagnosis is lumbar postlaminectomy syndrome status post L5-S1 fusion in 2006. On 04/28/2014, the patient's treating physician saw the patient in followup regarding his continued low back pain, which was worse with heavy lifting or prolonged sitting or prolonged walking. The treating physician recommended treatment to include Lyrica twice daily, buprenorphine, cyclobenzaprine, venlafaxine, and doxepin cream 3.3% for nerve pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Doxepin 3.3% Cream (Apply to affected area 3x/day) 30gm, QTY: 2:** Upheld

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

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

**Decision rationale:** The California Medical Treatment Utilization Schedule, Chronic Pain Medical Treatment Guidelines, section on topical analgesics, page 111, state that this class of medication is largely experimental in use and state that the use of such compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the

specific therapeutic goal required. The medical records in this case state that the requested topical medication is for nerve pain. The records and the guidelines do not provide specific data to support a rationale for the efficacy of this medication topically and the records do not provide a rationale to utilize this medication for neuropathic pain rather than a first-line oral medication or rather than other topical medications which have been recommended by the guidelines for neuropathic pain. For these reasons, the medical records and guidelines do not support a rationale or indication for this requested treatment. Therefore, this treatment is not medically necessary.