

Case Number:	CM14-0080697		
Date Assigned:	07/18/2014	Date of Injury:	02/26/1999
Decision Date:	09/08/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/02/2014

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 Texas and Ohio. 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 65-year-old female who reported an injury on 02/26/1999, reportedly sustained injuries while employed for [REDACTED] who was a telecommunication [REDACTED] operator. She fell down stairs coming down a fire escape and landing on her left hand and left knee. The injured worker's treatment history included an MRI, physical therapy, psychological clearance, x-rays, and medications. The injured worker was evaluated on 06/18/2014 and it was documented that the injured worker complained of left hip and right knee pain. She had difficulty with ambulation. Physical examination revealed significant tenderness and effusion over the right knee. She had bilateral lower extremity pitting. There was definite shiny skin without weeping. She had heme staining present in bilateral to lower extremities. She had pain and tenderness with manipulation of the left hip. She used a walker with brakes and a seat. Her gait was severely antalgic. She had difficulty standing and walking without assistance. The provider noted the injured worker had neuropathic pain in her bilateral lower extremities. She does feel that Doxepin gel helps decrease her leg pain. The use of the topical medication helps to prevent escalation of oral medication, thereby preventing side effects. The common use of Doxepin is consistent with the guidelines. The injured worker has neuropathic pain in her lower extremities. She had a trial of several medications including Neurontin, Nucynta, Ultram, Norco, Morphine, Codeine, Darvocet, Opana IR, Tylenol, fentanyl patches, Lidoderm patches, Capsaicin cream, and Medrol Dosepak. She stated that she experienced hallucinations with the use of Neurontin, severe itching with stronger narcotics such as morphine and codeine and was not being controlled with Ultram, Darvocet, Opana IRR, and Fentanyl patches. Norco was too strong for her. Nucynta made her feel numb all over. Intolerance to several types of oral medication, the injured worker was quite dependent on topical creams to control her neuropathic pain. The provider noted the injured worker does find with Ketamine cream to be beneficial

with neuropathic pain and overall functional improvement. Medications included Doxepin 3.3 % cream, multivitamins, Diclofenac sodium 1.5% 60 gm, and Ketamine 5% 60 gm. The request for authorization dated 05/22/2014 was for Doxepin 3.3% cream, and the rationale was for the injured worker's to control her neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Doxepin 3.3% Cream 60gm: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The request is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product contains at least (or drug class) that is not recommended. The proposed gel contains methyl salicylate and menthol. Any compounded product that contains at least one or more drug class is not recommended. Other muscle relaxants there is no evidence for use of any other muscle relaxant as a topical product. In addition, this agent has compounding agents with two or three oral agents together. Lidocaine is only recommended for localized pain after there has been evidence of first line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica The guidelines do not recommend for the use of a topical product compounding two or more oral agents and found no efficacy or benefit over individual agents separately. The documentation submitted failed to indicate the injured worker's outcome measurements of conservative care measures such as physical therapy and pain medicine management. In addition, the request did not provide frequency or location where the compound cream will be applied. As such, the request for Doxepin 3.3% cream gm is not medically necessary.