

<b>Case Number:</b>	CM14-0188987		
<b>Date Assigned:</b>	11/17/2014	<b>Date of Injury:</b>	03/14/2007
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 injured worker is a 62-year-old female with date of injury of 03/14/2007. The listed diagnoses from 10/20/2014 are: 1. Cervical disk displacement without myelopathy. 2. Chronic pain, NEC. According to the 09/09/2014 report, the injured worker complains of pain, numbness, and tingling in her upper extremities and neck. She is doing her independent exercises regularly. The injured worker states that her pain without medication would be "5 to 6/10" depending on her activity level. She states that "topical creams help significantly" with her pain. She does not want any oral pain medications. The examination shows the injured worker is alert and oriented, in no acute distress. The injured worker has a history of fibromyalgia, gastroesophageal reflux, and headaches. Normal muscle tone without atrophy in the bilateral upper and lower extremities. No swelling observed in any extremity. No other findings were noted on this report. The documents include progress reports from 05/23/2014 to 11/04/2014. The utilization review denied the request on 10/21/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketamine % cream 60 gr SIG: apply to affected area 3 times a day #120:** Upheld

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

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

**Decision rationale:** This injured worker presents with upper extremity and neck pain. The treating physician is requesting area 3 times a day #120. The MTUS Guidelines page 111 on topical analgesics states that it is primarily "recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." Furthermore, under ketamine, MTUS states that it is currently "under study." It is only recommended for treatment of neuropathic pain and refractory cases in which all primary and secondary treatment have been exhausted. The records show that the injured worker was prescribed ketamine cream on 05/23/2014. The 09/09/2014 report notes, "She states that the topical creams help significantly with her pain. She does not want to use any oral pain medications." In this case the injured worker has not been diagnosed with CRPS or post-herpetic neuralgia and Ketamine has not been shown in any studies to provide functional improvement for neck pain or fibromyalgia. The request for Ketamine % cream 60 gr SIG: apply to affected area 3 times a day #120 is not medically necessary.

**Doxepin 3% cream 60gm SIG: apply to affected area three times a day #2:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation [www.medicinenet.com](http://www.medicinenet.com)

**Decision rationale:** This injured worker presents with upper extremity and neck pain. The treating physician is requesting Doxepin 3% cream 60gm SIG: apply to affected area three times a day #2. The MTUS guidelines page 111 on topical analgesics states that it is largely "experimental in use" with "few randomized controlled trials to determine efficacy or safety." It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS further states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." According to [www.medicinenet.com](http://www.medicinenet.com) it shows that Doxepin 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 records show that the injured worker was prescribed doxepin on 05/28/2014 for nerve pain. There is no documentation that the injured worker is experiencing any signs of dermatitis and MTUS on Tricyclics states, "Tricyclics have not demonstrated significance in randomized-control trials in treating HIV neuropathy, spinal cord injury, cisplatin neuropathy, neuropathic cancer pain, phantom limb pain or chronic lumbar root pain. In this case the treating physician has not documented any dermatitis issues and MTUS does not support tricyclics for spinal root pain. The request for Doxepin 3% cream 60gm SIG: apply to affected area three times a day #2 is not medically necessary.