MAXIMUS Federal Services

Case Number:	CM14-0194006		
Date Assigned:	12/01/2014	Date of Injury:	10/23/2001
Decision Date:	01/15/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/19/2014

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, 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 patient is a 57-year-old female with a date of injury of 10/23/2001. Per treating physician report 10/21/2014, the patient presents with acute flareup of her neck, back, and lower extremity pain. It was noted the patient was given Medrol Dosepak on 10/15/2014 for patient's flareup. The patient brings in the Medrol Dosepak on this date and states that she has taken this medication incorrectly and had reversed the order of the medication. She has stopped the medication 3 days ago and did experience some sweating and other symptoms of anxiety which "made her scared to continue the medication." These symptoms have since resolved. The treating physician reviewed the dosepak and states that the patient "clearly" taken them incorrectly by starting backwards. Examination of the lumbar spine revealed "spasm and guarding is noted in lumbar spine." All other examination findings were within normal limits. The listed diagnosis is dystrophy reflex sympathetic, lower extremity. The patient was given proper instruction on how to take the Medrol Dosepak and was given a replacement pack. This is a request for Medrol 4 mg Dosepak and doxepin 3.3% cream 60 gm, and ketamine 5% cream 60 mg. The utilization review denied the request on 10/24/2014. Treatment reports from 06/13/2014 through 10/21/2014 were provided for review.

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, Ketamine 5% cream 60gm: 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

Decision rationale: This patient presents with chronic neck, back, and lower extremity complaints. The current request is for doxepin 3.3% cream 60 mg, ketamine 5% cream 60 gm. 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 "Doxepin is used to relieve troublesome itching from certain skin conditions (e.g., atopic dermatitis, eczema, neurodermatitis)." It further states that it should be used only for a short time (no more than 8 days). Doxepin is a tricyclic antidepressant. In this case, there is no indication that this patient is experiencing atopic dermatitis, eczema, neurodermatitis, etc. Furthermore, per MTUS Ketamine is "not recommended." The requested topical cream IS NOT medically necessary.

Medrol 4mg dosepak: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Corticosteroids oral/parenteral/IM for low back pain

Decision rationale: This patient presents with chronic neck, back, and lower extremity complaints. The current request is for Medrol 4 mg Dosepak. According to progress report 10/21/2014, the patient was dispensed a Medrol Dosepak on 10/14/2014 for patient's acute flareup of pain. Regarding oral corticosteroids, ODG under its low back chapter states not recommended for chronic pain. "There is no data on the efficacy and safety of systemic corticosteroids in chronic pain, so given their serious adverse effects, they should be avoided. (Tarner, 2012) ODG Low Back Chapter recommends in limited circumstances for acute radicular pain. Multiple severe adverse effects have been associated with systemic steroid use, and this is more likely to occur after long-term use. Medrol (methylprednisolone) tablets are not approved for pain. (FDA, 2013)." There is no documentation of prior use of Medrol dose pack other than the initial prescription that was used incorrectly. In this case the treating physician has documented that the patient is still dealing with acute flaring that requires Medrol Dosepak and the initial prescription was interrupted and requires a new prescription. This request IS medically necessary.