

<b>Case Number:</b>	CM15-0002840		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	08/21/1987
<b>Decision Date:</b>	03/09/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 47 year old female, who sustained an industrial injury on 08/21/1987. She has reported subsequent back and bilateral lower extremity pain. The diagnoses have included post-laminectomy lumbar syndrome status post L5-S1 fusion and chronic pain. Treatment to date has included oral and topical pain medication, a home exercise program, spinal fusion and trigger point injections. Currently the injured worker complains of continued intermittent back pain which was described as dull achy and deep and electrical shooting pain radiating to the legs as well as muscle spasms for the previous 4 days with more difficulty standing up. The injured worker was noted to have difficulty with her home exercise program due to spasms. The pain was rated as an 8/10 without medication and 5/10 with medication. Sensation was decreased in the L3, L4 and right L5 and S1 dermatomes. Straight leg raise was positive on the right, spasm and guarding of the lumbar spine was noted and right paraspinous lumbar triggerpoints were noted for regions L4-L5 and S1 lumbar paraspinals. A request was made for a refill of Doxepin cream. On 12/31/2014 Utilization Review non-certified a request for Doxepin, noting that there was no documentation that the injured worker had failed an oral form of the medication and that it should only be used for a short time. MTUS Chronic Pain Treatment Guidelines were cited.

### 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 Apply to affected area three times a day. Nerve Pain Cream**  
**Qty: 2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants for Chronic Pain, and Topical Analgesics.

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

**Decision rationale:** This 47 year old female has complained of low back pain with radiation of the pain to the bilateral lower extremities since date of injury 8/21/87. She has been treated with lumbar spine surgery, physical therapy and medications. The current request is for Doxepin 3.3% cream. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Doxepin 3.3% cream is not indicated as medically necessary.