

Case Number:	CM15-0183993		
Date Assigned:	09/24/2015	Date of Injury:	04/01/2009
Decision Date:	11/02/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/18/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 55 year old male, who sustained an industrial injury on 4-1-09. Current diagnoses or physician impression includes chronic pain, cervical disc degeneration, cervical facet arthropathy, cervical failed back surgery syndrome and cervical radiculopathy. He is not currently working. Reports dated 4-13-15 and 7-20-15 reveals the injured worker presented with complaints of constant neck pain that radiates down his bilateral upper extremities that is described as burning and sharp and is accompanied by numbness and tingling. He reports ongoing headaches. He also reports low back pain that radiates down his bilateral lower extremities. He reports his pain level is reduced from 10 out of 10 to 9 out of 10 with medication. He also reports sleep disturbance due to the pain. He reports difficulty engaging in activities of daily living such as self-care, hygiene, activity, ambulation, hand function, sleep and sex. Physical examinations dated 4-13-15 and 7-20-15 revealed spinal vertebral tenderness at C4-C7. His cervical spine range of motion is moderate to severely limited due to the pain. There is decreased sensation in the left upper extremity and decreased strength in the right upper extremity. Per note dated 7-20-15 treatment to date has included cervical epidural steroid injection (bilateral C5-C7) in 2014, which provided less than 5% overall improvement, a cervical spinal fusion and the following medications: Cyclobenzaprine, Ibuprofen, Norco, Doxepin (2- 2015), Tramadol and Gabapentin. The pain medication is helpful as it reduces the pain by 20% and he is able to engage in the following; bathing, brushing his teeth, caring for his pet, clean, comb and wash his hair, do laundry, dressing, driving, gardening, shopping, sitting, standing vacuuming and washing dishes, per the same note. Diagnostic studies to date have

included electrodiagnostic studies, MRI and cervical spine CT. A request for authorization dated 8-17-15 for Doxepin 10 mg #30 is modified to #10 for weaning as there is no indication for needing two neuropathic agents and the recommendation would be to maximize Gabapentin and discontinue Doxepin, per Utilization Review letter dated 8-26-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Doxepin 10mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Antidepressants and Insomnia/sleep aids.

Decision rationale: Official Disability Guidelines (ODG) Pain chapter, under Antidepressants and Insomnia/sleep aids: This claimant was injured in 2009, and has chronic cervical pain and disc degeneration. There is subjective pain reduction, but no objective, functional improvement over time with the regimen. The medicine per the PDR is for depression, anxiety and insomnia. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding antidepressants to treat a major depressive disorder, the ODG notes: Recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that is moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Not recommended for mild symptoms. In this case, it is not clear what objective benefit has been achieved out of the antidepressant usage, how the activities of daily living have improved, and what other benefits have been. It is not clear if this claimant has a major depressive disorder as defined in DSM-IV. If used for pain, it is not clear what objective, functional benefit has been achieved. The request is appropriately non-certified. The MTUS is silent on this medicine for sleep. The ODG notes regarding sleeping medicines, only short-term use is advocated due to tolerance and addictive effects long term. The ODG notes: Recommend that treatment be based on the etiology, with the medications recommended below. See Insomnia. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. (Lexi-Comp, 2008) Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning. In this case, the degree, type and depth of insomnia are not known. It is not clear this is a short-term usage. The request is not medically necessary.