

Case Number:	CM15-0208385		
Date Assigned:	10/27/2015	Date of Injury:	03/24/2014
Decision Date:	12/10/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/22/2015

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: California

Certification(s)/Specialty: Emergency 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:

This is a 45 year old male with a date of injury of March 24, 2014. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar spine herniated disc, left foot energy injury, left foot Lisfranc fracture dislocation, and left foot non-displaced cuboid fracture. Medical records dated July 31, 2015 indicate that the injured worker complained of lower back pain radiating to the bilateral lower extremities to the feet with numbness and tingling, and pain rated at a level of 8 to 10 out of 10 with and without medications. A progress note dated September 11, 2015 documented complaints similar to those reported on July 31, 2015. Per the treating physician (September 4, 2015), the employee was temporarily totally disabled. The physical exam dated July 31, 2015 reveals tenderness to palpation in the lumbar spine at L4-S1, painful range of motion of the lumbar spine, lumbar facet signs bilaterally, decreased sensation to touch in the bilateral lower extremities, positive straight leg raise on the right, tenderness to palpation of the left foot, and decreased range of motion of the left foot due to pain. The progress note dated September 11, 2015 documented a physical examination that showed no changes since the examination performed on July 31, 2015. Treatment has included left foot surgery and medications (Doxepin since at least April of 2015; Lidoderm patches, Celebrex, Gabapentin, Nucynta, and Pantoprazole). The utilization review (October 9, 2015) non-certified a request for Doxepin 10mg #30.

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, Section(s): Tricyclics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Amitriptyline, Antidepressants for chronic pain.

Decision rationale: Doxepin is a tricyclic antidepressant. Tricyclics are recommended as first line treatment for chronic neuropathic pains unless there are side effects or is not effective. These classes of medications have very low threshold for toxicity and close monitoring must be considered. As per MTUS Guidelines, a trial requires monitoring of good outcome to determine if medication should be continued or switched to another first line agent. Provider's documentation fails to provide any objective measures to determine efficacy. There is no documentation of any improvement in pain or functional status. There is no rationale documented as to why this medication needs to be continued despite several UR denials. Lack of documentation of any benefit does not support continued use of Doxepin. The request is not medically necessary.