

Case Number:	CM15-0027535		
Date Assigned:	02/19/2015	Date of Injury:	02/26/1990
Decision Date:	04/06/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/13/2015

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: Physical Medicine & Rehabilitation

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 was a 49 year old female, who sustained an industrial injury, February 26, 1990. According to progress note of February 12, 2015, the injured workers chief complaint was right arm pain. The pain was described as aching, sharp, shooting, stabbing, throbbing, and tender with associated spasms in the right hand. The injured worker developed functional contractures in most of the fingers. The pain radiated to the upper extremity. The pain was aggravated with activity. The pain was better with rest and pain medication. The physical exam noted mild finger contractures and allodynia to light touch. The injured worker was diagnosed with CRPS (complex regional pain syndrome) right upper extremity and right wrist surgery times 5. The injured worker previously received the following treatments pain medication, Doxepin and anti-inflammatory medication. On January 15, 2015, the primary treating physician requested authorization for Doxepin 10mg/ml per January 15, 2015 quantity 1. On January 27, 2015, the Utilization Review denied authorization for Doxepin 10mg/ml per January 15, 2015 quantity 1. The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Doxepin 10mg/ml QTY: 1.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tricyclic Antidepressants Page(s): 15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines tricyclic antidepressant Page(s): 15, 122.

Decision rationale: Per the 02/12/15 report the patient presents with right arm pain with associated spasms in the right hand along with pain radiating to the upper extremity. She is awaiting trial of SCS and her diagnoses include CRPS. The current request is for DOXEPIN 10mg/ml QYT 1. The RFA included is dated 01/15/15. The reports do not state if the patent is working. Doxepin is a tricyclic antidepressant drug used to treat sleep problems (insomnia). The MTUS guidelines on page 15 states, "Tricyclic antidepressants are recommended over selective serotonin reuptake inhibitors (SSRIs), unless adverse reactions are a problem. MTUS on page 122 states, "Recommended. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur." The reports provided for review show that this medication has been prescribed since at least 02/13/14. Reports from 06/05/14 to 02/12/15 do not specifically discuss this medication. It is listed under pain management medications which include Doxepin, Stadol Nasal spray, Celebrex, Lyrica, Restoril, Lidoderm patch and Ultram ER. Reports state the patient feels prescribed pain medications relieve pain and make a real difference in her life. ADL's are noted to be at the baseline and there are no side effects. In this case, this medication is indicated as a first line treatment for this patient's pain and the treater states her pain medication regimen is effective. The request IS medically necessary.