

Case Number:	CM15-0224516		
Date Assigned:	11/20/2015	Date of Injury:	02/26/1999
Decision Date:	12/31/2015	UR Denial Date:	11/10/2015
Priority:	Standard	Application Received:	11/16/2015

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 is a 66 year old female who sustained an industrial injury on 02-26-1999. Medical records indicated the worker was treated for chronic pain, lymphedema, and bilateral knee pain, pain disorder with related psychological factors, and major depressive disorder, single episode. She is status post gastric bypass, and knee replacement. In the provider notes of 10-29-2015, the worker is seen in follow up. She reports improved mood with use of Pamelor, and states it helps reduce her pain about 10-20% especially at night. Her main source of pain relief continues to be buprenorphine. Her pain without this is rated as a 9 on a scale of 0-10 intensity. She has been seen in a lymphedema clinic for treatment. She was recently seen in surgical consultation and advised she needs a left hip replacement and a right knee replacement. She denies balance problems, poor concentration, memory loss, numbness, seizures, tremors or weakness. Her gait is antalgic and she uses a walker due to severe lymphedema. She has normal muscle tone without atrophy in all extremities and has no rashes, lesions, café-au-lait spots or ulcers on the extremities. Her current medications include Diclofenac Sodium anti-inflammatory cream, Ketamine 5% cream 60 gram for Nerve Pain, Calcium Citrate and vitamin D, Omeprazole, Ondansetron-Zofran, Ambien, Temovate 0.05% cream to apply to leg, Vistaril, Pamelor, Buprenorphine HCL Sublingual. The plan of care included refills of her Capsaicin, Doxepin, and calcium citrate. A request for authorization was submitted for: 1. 4 Containers of Capsaicin 0.075% cream 2. 4 Containers of Doxepin 3.3% cream 60gm 3. 60 Tablets of calcium citrate 500mg with vitamin D 200 Unit chewable tablets with 5 refills A utilization review decision 11-10-2015 non-certified all of the requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Containers of Capsaicin 0.075% cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The current request is for 4 containers of Capsaicin 0.075% cream. Treatment history includes gastric bypass, knee replacement, physical therapy, and medications. The patient is not working. MTUS Chronic Pain Medical Treatment Guidelines 2009, page 111, Topical Analgesic section has the following: Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide and further efficacy. MTUS Guidelines, Topical Analgesics section, page 111 also state that "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Per report 10/29/15, the patient presents with chronic pain in the bilateral knees, and severe lymphedema of the left lower extremity. Examination revealed antalgic gait, and tenderness of the bilateral lower extremities. The patient's main source for pain relief continues to be buprenorphine. The treater has also recommended a Capsaicin topical cream 0.075%. There is no discussion regarding why this medication is required for this patient. The report simply states "Apply to affected areas three times a day pepper cream." In this case, the requested topical cream contains Capsaicin at 0.075% which exceeds guideline recommendation of no more than 0.025%. This request is not in accordance with guideline indications. Therefore, the request is not medically necessary.

4 Containers of Doxepin 3.3% cream 60gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain. Decision based on Non-MTUS Citation nlm.nih.gov/medlineplus/druginfo/meds/a605040.html: Doxepin topical.

Decision rationale: The current request is for 4 containers of Doxepin 3.3% cream 60gm. Treatment history includes gastric bypass, knee replacement, physical therapy, and medications. The patient is not working. Doxepin is a tricyclic antidepressant drug used to treat sleep problems (insomnia). MTUS Guidelines, Tricyclic Antidepressants, page 15 states, "Tricyclic antidepressants are recommended over selective serotonin reuptake inhibitors (SSRIs), unless adverse reactions are a problem." According to nlm.nih.gov/medlineplus/druginfo/meds/a605040.html: Doxepin topical is

used to relieve itching of the skin caused by eczema. Doxepin is in a class of medications called topical antipruritics. It may work by blocking histamine, a substance in the body that causes certain symptoms, such as itching. MTUS page 111 of the chronic pain section states the following under Topical Analgesics: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents." Per report 10/29/15, the patient presents with chronic pain in the bilateral knees, and severe lymphedema of the left lower extremity. Examination revealed antalgic gait, and tenderness of the bilateral lower extremities. The patient's main source for pain relief continues to be buprenorphine. She also continues to use Doxepin cream for nerve pain. The requested cream is not supported for use per MTUS guidelines. In this case, the requested topical medication contains Doxepin, a tricyclic anti-depressant which is not discussed in MTUS for topical application. Furthermore, the U.S. National Library of Medicine states that Doxepin cream is for itching of the skin, and the treating physician has not documented any dermatitis issues. Therefore, the request is not medically necessary.

60 Tablets of calcium titrate 500mg with vitamin D 200 Unit chewable tablets with 5 refills:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter under Vitamin use (for stress reduction), Pain (Chronic) Chapter under Vitamin D (cholecalciferol) and Other Medical Treatment Guidelines drugs.com calcium carbonate with vitamin d.

Decision rationale: The current request is for 60 tablets of Calcium Titrata 500mg with vitamin D 200 unit chewable tablets with 5 refills. Treatment history includes gastric bypass, knee replacement, physical therapy, and medications. The patient is not working. According to drugs.com calcium carbonate with vitamin d is used for "Treating or preventing calcium deficiency. It works by providing extra calcium to the body." ODG-TWC, Mental Illness and Stress Chapter under Vitamin use (for stress reduction) states: Vitamin use (for stress reduction) states: Under study. Multi-vitamin and mineral supplements were been found to help reduce feelings of stress and anxiety in one clinical trial. More trials need to be conducted. (Carroll, 2000) ODG-TWC, Pain (Chronic) Chapter under Vitamin D (cholecalciferol) states: "Not recommended for the treatment of chronic pain based on recent research below. Although it is not recommended as an isolated pain treatment, vitamin D supplementation is recommended to supplement a documented vitamin deficiency, which is not generally considered a workers' compensation condition. Musculoskeletal pain is associated with low vitamin D levels but the relationship may be explained by physical inactivity and/or other confounding factors." MTUS Chronic Pain Medical Treatment Guidelines, page 9 under Pain Outcomes and Endpoints states: "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement." Per report 10/29/15, the patient presents with chronic pain in the bilateral knees, and severe lymphedema of the left lower extremity. Examination revealed antalgic gait, and

tenderness of the bilateral lower extremities. The patient's main source for pain relief continues to be buprenorphine. She has also been prescribed Calcium Citrate with Vitamin D chewable tablets. The treater has not provided a reason for the request. There is no mention of Calcium or Vitamin D deficiency, nor documentation of Vitamin D laboratory level to show deficiency and the need for this supplement. This request does not appear to be in accordance with guidelines. Therefore, the request is not medically necessary.