

<b>Case Number:</b>	CM15-0038199		
<b>Date Assigned:</b>	03/06/2015	<b>Date of Injury:</b>	12/11/2012
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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: New Jersey

Certification(s)/Specialty: Family Practice

### 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 49-year-old male with an industrial injury dated 12/11/2012. The mechanism of injury is documented as occurring while working as an electrician. He was sitting on top of an I-beam pulling wire when he lost his balance and grabbed on to the I beam with both arms bracing himself to the beam until he was assisted down by co-workers. He presented on 02/12/2015 post right carpal tunnel release on 01/23/2015. He was complaining of right shoulder pain. There was tenderness noted over right shoulder. Prior treatments included acupuncture (with 30-40-% improvement), shoulder surgery, 20 sessions of physical therapy and medications. On 09/09/2014, a percutaneous electrical nerve stimulator was placed. Urine drug screen was consistent with the injured worker's prescribed medications. Diagnoses included right shoulder rotator cuff tear, status post right shoulder surgery times 3 with residual symptoms, mass volar aspect right forearm and status post right carpal tunnel release on 01/23/2015. On 02/20/2015, the request for Doxepin 25 mg # 60 with no refills was non-certified by utilization review. MTUS, ACOEM and ODG are silent. The reviewer notes: "Based on medical and professional experience this request is not medically necessary."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Doxepin 25mg #60 with no 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 Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

**Decision rationale:** The MTUS Chronic Pain Treatment Guidelines state that antidepressants used for chronic pain may be used as a first line option for neuropathic pain and possibly for non-neuropathic pain. Tricyclics are generally considered first-line within the antidepressant choices, unless they are not effective, poorly tolerated, or contraindicated. A trial of 1 week should be long enough to determine efficacy for analgesia and 4 weeks for antidepressant effects. Documentation of functional and pain outcomes is required for continuation as well as an assessment of sleep quality and duration, psychological health, and side effects. It has been suggested that if pain has been in remission for 3-6 months while taking an anti-depressant, a gradual tapering may be attempted. In the case of this worker, the provider wished to trial doxepin for the purpose of helping treat his chronic neuropathic pain from his carpal tunnel syndrome and recent right carpal tunnel release surgery, and also to help treat his insomnia, since he had failed amitriptyline and Ambien in the past. It was reported that he was implementing good sleep hygiene, but still had difficulty sleeping. Although doxepin seems like a reasonable choice to trial in this case, the request was for more pills than needed in order to find out if he responds. One to two weeks of medication should suffice, and not two months worth as was requested. Also, baseline pain levels and functional/sleep levels were not documented fully. Therefore, the request for doxepin 25 mg #60 with no refills will be considered medically unnecessary.