

<b>Case Number:</b>	CM14-0005833		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	01/19/2013
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 56 year old female who reported a slip and fall injury to her low back and hip on 01/19/2013. Within the clinical note dated 12/17/2013 the injured worker reported low back, tailbone, and hip pain rated 5/10. The physical exam noted the injured worker had decreased range of motion in the lumbar spine with spasms. Diagnoses included in the report included hip fracture and chronic pain syndrome. The prescribed medication list included Vistaril and Flector Patch. The request for authorization was dated 12/20/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DOXEPIN 25MG #25:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Specific Antidepressants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines , Antidepressants Page(s): 13, 15.

**Decision rationale:** The request for Doxepin 25mg is not medically necessary. The CA MTUS guidelines recommend tricyclic antidepressants over selective serotonin reuptake inhibitors (SSRIs), unless adverse reactions are a problem. This class of medications works in both patients with normal mood and patients with depressed mood when used in treatment for

neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. The injured worker has a documented history of utilizing tricyclic anti-depressants with adverse effects. In addition, the guidelines state the long-term use has not been established. Furthermore, the etiology of the pain is musculoskeletal in origin; it did not appear the injured worker had neuropathic pain. Thus, the request is not medically necessary.

**FLECTOR PATCH #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Topical Analgesics, Page.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Topical Analgesics Page(s): 111-112.

**Decision rationale:** The request for Flector Patch #60 is not medically necessary. The primary active ingredient of the Flector Patch is diclofenac epolamine. The CA MTUS guidelines state the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. The injured worker has documented utilization of this medication beyond the guideline recommendations. The site at which the medication is to be applied was unclear within the request. In addition, the efficacy of the medication was unclear within the provided medical records. Hence, the request is not medically necessary.