MAXIMUS Federal Services

Case Number:	CM14-0131292		
Date Assigned:	08/20/2014	Date of Injury:	08/13/2008
Decision Date:	09/24/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/15/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 59-year-old male, who reported an injury on 08/13/2008 due to sustaining an injury during his normal, customary work. The injured worker complained of lower back pain. The injured worker had diagnoses of lumbar radiculopathy, lumbar failed surgery syndrome, iatrogenic opiate dependency, chronic pain, and status post lumbar fusion. The past treatments included failed spinal cord stimulator, medication therapy, and pain management. The MRI of the lumbar dated 10/02/2006 revealed rotary scoliosis toward the right side with multilevel degenerative disc disease and mild left neural foraminal narrowing at the L2-3. The past surgical procedures included low back surgery and a failed spinal column stimulator trial and status post fusion of the lumbar spine. The physical examination dated 07/07/2014 of the lumbar spine revealed spasms noted at the paraspinous musculature, tenderness noted upon palpation at the bilateral paravertebral area, L1-3 levels and L4-S1 levels. The range of motion of the lumbar spine was mildly to severely limited. Pain was significantly increased with flexion and extension, and straight leg raise at 90 degrees, sitting position, was negative bilaterally. The CT of the lumbar spine dated 10/19/2012 revealed mild to moderate left neural foraminal stenosis at the L4-5, extensive postsurgical changes at multiple levels, and mild bilateral lateral recess stenosis at the L5-S1. Medications were not documented. The injured worker reported his pain a 3/10 in intensity with medication and a 10/10 in intensity without medication. The Request for Authorization dated 08/20/2014 was submitted with documentation. The rationale for the doxepin was not provided.

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 Treatment Guidelines Antidepressants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tricyclics Page(s): 122.

Decision rationale: The California MTUS recommend tricyclics; they 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 clinical note did not provide any physical examination findings or any medications provided. The guidelines indicate that tricyclics are a first line agent unless they are ineffective, poorly tolerated, or contraindicated. The request did not address the frequency. As such, the request of Doxepin 10mg #30 is not medically necessary and appropriate.