MAXIMUS Federal Services

Case Number:	CM14-0163145		
Date Assigned:	10/08/2014	Date of Injury:	04/29/2009
Decision Date:	11/13/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	10/03/2014

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 Interventional Spine and is licensed to practice in California. 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 patient is a 60-year-old male with a date of injury of 04/29/2009. The listed diagnoses per [redacted] are: 1. Syndrome post-concussion.2. Syndrome cervicocranial.3. Lumbar disk displacement without myelopathy.4. Pain in joint, lower leg.5. Major depression, anxiety.6. Pain psychogenic.7. Posttraumatic stress disorder.8. Chronic pain.9. Long-term use meds.According to progress report 08/21/2014, the patient presents with chronic neck and low back pain. The patient also has a history of hearing loss in his right ear. It was noted that he received a hearing aid, and he could hear much better. Examination of the skin revealed no rashes or lesions. The report further states, "gross inspection of exposed skin demonstrated no evidence of abnormalities of the skin, hair, or nails. Skin is warm and dry." The patient's medication regimen includes Capsaicin 0.075% cream, Protonix, Cymbalta, Nabumetone, Topiramate, Doxepin 3.3% cream, Butrans patch, and Orphenadrine 100 mg. This is a request for refill of Doxepin 3.3% topical cream. Utilization review denied the request on 09/03/2014. Treatment reports from 11/05/2013 through 08/21/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Doxepin 3.3% Cream grams, apply to affected area three times a day, # 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The US National Library of Medicine, www.nlm.nih.gov/medlineplus states that "doxepin is a class of medications called topical antipruritics

Decision rationale: This patient presents with chronic neck and low back pain. Request for authorization from 08/22/2014 requests Doxepin 3.3% cream 60 gm. Utilization review denied the request stating that this medication is a tricyclic antidepressant and there is no stated need for it. The ACOEM, MTUS, and ODG Guidelines do not discuss Doxepin topical cream. The US National Library of Medicine, www.nlm.nih.gov/medlineplus states that "Doxepin is a class of medications called topical antipruritics. Doxepin topical is used to relieve itching of the skin." Review of the medical file indicates that the patient has been supplied this medication on a monthly basis since 11/05/2013. The treating physician does not discuss why this medication is required and what it is doing to for the patient's chronic pain. Progress reports continually note "no skin abrasions or irritations." There is no rationale for this medication and recommendation for further use cannot be supported. The request is not medically necessary.