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| <b>Case Number:</b>   | CM15-0113410 |                              |            |
| <b>Date Assigned:</b> | 06/19/2015   | <b>Date of Injury:</b>       | 08/02/2012 |
| <b>Decision Date:</b> | 07/20/2015   | <b>UR Denial Date:</b>       | 05/14/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/12/2015 |

### 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, Alabama, California

Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 46 year old male, who sustained an industrial injury on 8/2/12. The injured worker was diagnosed as having sprains and strains of neck, sprain/strain of thoracic region, lumbar disc displacement without myelopathy and pain in shoulder joint. Treatment to date has included TENS unit, cane for ambulation, Doxepin cream, left shoulder surgery, physical therapy, home exercise program and activity restrictions. (MRI) magnetic resonance imaging of lumbar spine performed on 11/14/13 revealed mild facet hypertrophy and cervical and thoracic (MRI) magnetic resonance imaging were grossly normal. Currently, the injured worker complains of chronic neck, left shoulder, mid back and low back pain rated 9/10. He is permanent and stationary with permanent disability. Physical exam noted spasm and guarding of lumbar spine. The treatment plan included a request for authorization for Doxepin cream, Metformin, Omeprazole and Simvastatin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Doxepin 3.3% cream:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation <http://www.medicinenet.com>.

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

**Decision rationale:** According to MTUS, in Chronic Pain Medical Treatment, guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Therefore, the request for Doxepin 3.3% cream is not medically necessary.