

Case Number:	CM15-0175743		
Date Assigned:	09/17/2015	Date of Injury:	11/14/2001
Decision Date:	10/29/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/08/2015

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: California, Arizona, Maryland
 Certification(s)/Specialty: Psychiatry

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 40-year-old female, who sustained an industrial injury on November 14, 2001. She reported left knee pain. The injured worker was diagnosed as having status post work related injury, status post failed spinal cord stimulator, long term use of opioids "over 10 years", complex regional pain syndrome of the left leg, chronic pin with RSD secondary to left knee infection and left knee replacement and mild opiate withdrawal. Treatment to date has included diagnostic studies, surgical intervention of the left knee, failed spinal cord stimulator due to complication, physical therapy of an unknown amount, medications and work restrictions. Currently, the injured worker continues to report left knee pain with burning, aching, shooting, sharp, stabbing and throbbing pain in the left leg. The injured worker reported an industrial injury in 2001, resulting in the above noted pain. She was without complete resolution of the pain. Emergency room evaluation on February 3, 2015, revealed she complained of withdrawal symptoms and reported her insurance company suddenly went to a narcotic free program. Urinary drug screen on February 20, 2015, revealed findings inconsistent with expectations. Emergency room evaluation on May 19, 2015, revealed continued pain as noted. She noted she had run out of medications in the past day or 2 before the visit and went to several emergency rooms seeking pain control. She reported being given some benzodiazepines to help with withdrawal symptoms. Upon examination, she noted she spoke with her pain specialist and would need to be admitted for pain control. She reported a slight tremor and noted feeling very "loud" pain all over. She denied abdominal pain or gastrointestinal upset. The emergency room physician noted being uncomfortable refilling all of her medications, after speaking with the pain specialist, who recommended admitting her for severe withdrawal, decided the symptoms were mild, and refilled some of her medications. Evaluation on June 22, 2015, revealed continued pain

as noted. She rated her pain at 7 on a 1-10 scale with 10 being the worst with the use of medications and at 10 without the use of medications. It was noted there was no change in the chronic condition and the left knee was noted as having contracture and poor function. Medications including Doxepin were continued. The RFA included requests for Doxepin 50mg #30 and was non-certified on the utilization review (UR) on August 14, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Doxepin 50mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain/Tricyclics Mental Illness & Stress/Antidepressants for treatment of MDD (major depressive disorder).

Decision rationale: Per ODG "Tricyclics are recommended and 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 anti-depressant effect takes longer to occur." The request for Doxepin 50mg #30 for controlling the chronic pain as the injured worker continues to report left knee pain with burning, aching, shooting, sharp, stabbing and throbbing pain in the left leg per the most recent progress report. Tricyclics are considered first-line agents for analgesics and thus are medically necessary in this case.