

<b>Case Number:</b>	CM15-0039906		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	01/23/2004
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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:

This 63-year-old female sustained a work related injury on 01/23/2004. According to a follow-up visit dated 01/06/2014, the injured worker had severe back pain and burning leg pain. The injured worker had seen a neurologist who felt that she had evidence of neurogenic claudication. She currently was not using any medication. She did not tolerate Effexor due to cognitive side effects. She also did not tolerate Neurontin in the past due to cognitive side effects. Lyrica had not been tried. She was worried that the medication would make her sleepy. She did not want to have opiate pain medications. Physical examination demonstrated a flat lordosis of the lumbar spine, negative straight leg raise bilaterally and no atrophy or motor weakness in the lower extremity. Diagnoses included long-term use meds not elsewhere classified and stenosis spinal lumbar. Prescriptions were given for Doxepin cream, Ketamine cream and Lyrica. According to the provider, the injured worker had persistent severe back pain and radiculitis in her legs. She had evidence of neurogenic claudication. The provider noted that the injured worker was seen on 12/19/2014 by an orthopedic surgeon who concurred with the diagnosis of neurogenic claudication, stenosis spondylosis and facet disease arthropathy and that she had failed conservative treatment and that a laminectomy to the address the stenosis at L3-L5 levels would be reasonable. The injured worker had some benefit from topical creams in the past. The provider noted that he would trial her on a combination of Ketamine and Doxepin cream applied together to her low back.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 prescription of Doxepin 3.3% cream 60gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics and Other Medical Treatment Guidelines <http://www.drugs.com/cdi/doxepin-cream.html>.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Doxepin 3.3% cream #60 g is not medically necessary. Doxepin topical is used to relieve itching of the skin caused by eczema. Doxepin is in a class of medications called topical antipruritics. It may work by blocking histamine, a substance in the body that causes certain symptoms, such as itching. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the injured worker's working diagnoses are the stenosis spinal lumbar; and long-term use medications. The date of injury was January 23, 2004. The injured worker was on Lyrica but did not like the way the medication made her feel. The treating physician stated doxepin cream be applied to affected areas. The specific areas were not addressed in the medical record. There is no clinical indication in the guidelines for topical antidepressants. Doxepin topical is used to relieve itching of the skin caused by eczema. There is no documentation in the medical record regarding itching. Additionally, topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. Although the treating physician stated the injured worker did not like the side effects of Lyrica, Lyrica appears in the medical record under current medications. Consequently, absent clinical documentation with a specific anatomical region to be applied and no guideline recommendations for topical antidepressants, doxepin 3.3% cream #60 g is not medically necessary.

### **1 prescription of Ketamine 5% cream 60gr:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ketamine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ketamine cream 5% #60 g is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are

primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Ketamine is not recommended except for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. Topical ketamine has only been studied for use in non-controlled studies in CRPS I and post-herpetic neuralgia. In this case, the injured worker's working diagnoses are the stenosis spinal lumbar; and long-term use medications. The date of injury was January 23, 2004. The injured worker was on Lyrica but did not like the way the medication made her feel. Ketamine is not recommended except for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. Lyrica is the only medication listed in the medical record. The provider indicates the injured worker does not like the way Lyrica makes her feel. There were no other anticonvulsants or antidepressants documented in the medical record. Consequently, absent clinical documentation indicating all primary and secondary treatments have been exhausted, ketamine cream 5% #60 g is not medically necessary.