

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0072283 |                              |            |
| <b>Date Assigned:</b> | 04/22/2015   | <b>Date of Injury:</b>       | 08/31/2003 |
| <b>Decision Date:</b> | 05/27/2015   | <b>UR Denial Date:</b>       | 03/12/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/16/2015 |

### 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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 45-year-old female, who sustained an industrial injury on 8/31/03. She reported initial complaints of left ankle. The injured worker was diagnosed as having complex region pain syndrome, fibromyalgia, chronic pain syndrome and depression. Treatment to date has included acupuncture; status post left ankle arthroscopy with debridement/repair of anterior talofibular ligament (10/4/13) and medications. Currently, the PR-2 notes dated 1/19/15 indicate the injured worker was in the office on this date for medications refill. She is compliant with the use of her medication. Verbal instructions were given and the medications was dispensed and mailed. The provider is requesting Doxepin 3.3% cream 60gm QTY: 1.00 that was denied at Utilization Review. The medications listed are Tramadol, gabapentin, ketamine cream and doxepin cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Doxepin 3.3% cream 60gm QTY: 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Antidepressant.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that antidepressant and anticonvulsant medications can be utilized for the treatment of localized neuropathic pain such as CRPS. The records indicate that the patient was diagnosed with CRPS as well as fibromyalgia and depression. The utilization of oral formulations of antidepressant can be beneficial for the treatment of CRPS as well as the co-existing depression and fibromyalgia. There is lack of guidelines or FDA support for the chronic use of topical formulations of antidepressants for the treatment of CRPS. This patient is utilizing topical formulation of ketamine concurrently. The criteria for the use of Doxepin 3.3% 60gm quantity 1 was not met. Therefore, the request is not medically necessary.