

Case Number:	CM15-0078356		
Date Assigned:	04/29/2015	Date of Injury:	07/24/2007
Decision Date:	05/29/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/23/2015

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 40 year old male patient who sustained an industrial injury on 07/24/2007. A pain management follow up noted the patient with subjective complaint of neck, low back pain that radiates down the bilateral lower extremities. Diagnostic testing to include: computerized tomography study, magnetic resonance imaging. She has received an injection. The following diagnoses are applied: failed back surgery syndrome, lumbar; lumbar post laminectomy syndrome; lumbar radiculopathy; status post fusion; chronic constipation; erectile dysfunction, gastroesophageal reflux; medication related dyspepsia, and chronic pain. The plan of care involved: insomnia assessment, disability indexing, and pending response on a permanent interferential unit, and follow up. Another pain management follow up visit dated 05/22/2014 reported subjective complaint of neck pain that radiates into bilateral upper extremities, low back pain. The plan of care showed the imitation of Tizanidine and Viagra medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Doxepin 10mg each night, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 31, 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-14.

Decision rationale: Doxepin is a tricyclic antidepressant. According to MTUS guidelines, antidepressant for chronic pain, Antidepressants for chronic pain “Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are 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 antidepressant effect takes longer to occur. (Saarto-Cochrane, 2005) Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Side effects, including excessive sedation (especially that which would affect work performance) should be assessed. (Additional side effects are listed below for each specific drug.) It is recommended that these outcome measurements should be initiated at one week of treatment with a recommended trial of at least 4 weeks. The optimal duration of treatment is not known because most double-blind trials have been of short duration (6-12 weeks). It has been suggested that if pain is in remission for 3-6 months, a gradual tapering of anti-depressants may be undertaken. (Perrot, 2006) (Schnitzer, 2004) (Lin-JAMA, 2003) (Salerno, 2002) (Moulin, 2001) (Fishbain, 2000) (Taylor, 2004) (Gijnsman, 2004) (Jick-JAMA, 2004) (Barbui, 2004) (Asnis, 2004) (Stein, 2003) (Pollack, 2003) (Ticknor, 2004) (Staiger, 2003) Long-term effectiveness of anti-depressants has not been established. (Wong, 2007) The effect of this class of medication in combination with other classes of drugs has not been well researched. (Finnerup, 2005) The "number needed to treat" (NNT) methodology (calculated as the reciprocal value of the response rate on active and placebo) has been used to calculate efficacy of the different classes of antidepressants.” (Sindrup, 2005) There is no recent documentation that the patient suffered an insomnia or a neuropathic pain. Therefore, the request for Doxepin 10mg #30 is not medically necessary.