MAXIMUS Federal Services

Case Number:	CM15-0093194		
Date Assigned:	05/20/2015	Date of Injury:	08/02/2012
Decision Date:	06/19/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/15/2015

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: Iowa, Illinois, Hawaii
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 41 year old male, who sustained an industrial injury on August 2, 2012. He reported low back pain. The injured worker was diagnosed as having low back pain, continuous opioid dependency, lumbar radiculopathy, myofascial pain and herniated lumbar intervertebral disc. Treatment to date has included diagnostic studies, steroid injection, TENS unit, conservative therapies, medications and work restrictions. Currently, the injured worker complains of continued low back pain with pain, tingling and numbness radiating to the lower extremities. The injured worker reported an industrial injury in 2012, resulting in the above noted pain. She was treated conservatively a without complete resolution of the pain. Evaluation on September 23, 2014, revealed continued pain. Evaluation on November 17, 2014, revealed continued pain as noted. Evaluation on February 2, 2015, revealed continued pain with radicular symptom even at rest. A retrospective request for medication was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Doxepin 10 mg #60 with 3 refills RX Date: 4/6/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant Section Page(s): 13-15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain Page(s): 13. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, TCA.

Decision rationale: Doxepin is a tricyclic antidepressant. MTUS states that "Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated." ODG states "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." ODG states "Dosing Information: Amitriptyline: Neuropathic pain: The starting dose may be as low as 10-25 mg at night, with increases of 10-25 mg once or twice a week up to 100 mg/day. (ICSI, 2007) The lowest effective dose should be used (Dworkin, 2007)." While the treating physician has met some of the above guidelines to utilize Doxepin for the treatment of neuropathic pain, refills are not indicated due to the need for medical monitoring. Additionally, the medical documentation provided indicates this patient has previously failed a trial of another TCA, the treating physician has not provided rationale behind this request. As such, the request for Doxepin 10 mg #60 with 3 refills RX date: 4/6/15 is not medically necessary.