

Case Number:	CM15-0098708		
Date Assigned:	06/01/2015	Date of Injury:	02/26/1999
Decision Date:	07/02/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	05/21/2015

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 65 year old female, who sustained an industrial injury on 2/26/99. She reported initial complaints of left knee injury. The injured worker was diagnosed as having pain in joint lower leg bilateral. Treatment to date has included physical therapy, trigger point injections; sacral injections; steroid injections to the knee, status post left total knee replacement; status post bariatric surgery; home health aide; medications. Diagnostics included EGD (2/24/15); MRI left hip without contrast (4/8/15). Currently, the PR-2 notes dated 4/23/15 indicated the injured worker was seen as a follow-up of her severe internal derangement of her knees and left hip. She has undergone gastric bypass so that she could proceed with knees and hips surgery. She was most recently authorized for a left hip MRI and this has been completed. She is being seen by a provider for her lymphedema and it was recommended she get lymphedema massage and referral to a lymphedema clinic. She uses a walker with seat and brakes. She also sees an internist for long term multivitamins including calcium as a result of her gastric bypass surgery. She has had an upper GI which was normal but she continues to have nausea and vomiting when she looks at certain foods or eats. Zofran is prescribed for this and is of benefit. The results of the left hip MRI impression was extensive circumferential tearing of the left acetabular labrum; severe degenerative changes of the left hip joint with grade 4 chondromalacia, subchondral edema; large marginal spurs; deformity of the left femoral head; mild strained obturator externus muscles bilaterally adjacent to the pubis symphysis; mild degenerative changes to the right hip joint with Grade 1 anterior listhesis of L4 on L5 and small left hip effusion. The provider's treatment plan includes a request for a surgical consult. He notes

that after she recovers from the left hip surgery, she will require left knee surgery and possible left knee total replacement. He also refills of supplies to assist with her lymphedema used on a daily basis. The provider has requested Container of compounded Doxepin H/Velvachol 240 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Container of compounded Doxepin H/Velvachol 240 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Doxepin is not approved for transdermal use. Therefore, the request for Container of compounded Doxepin H/Velvachol 240 grams is not medically necessary.