

<b>Case Number:</b>	CM13-0062243		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/02/2005
<b>Decision Date:</b>	05/23/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/06/2013

### 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. The expert reviewer is Board Certified in Internal Medicine and Emergency Medicine, and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 66-year-old with a date of injury of June 2, 2005. A progress report associated with the request for services, dated November 25, 2013, identified subjective complaints of low back pain into both lower extremities. Objective findings included slow ambulation with a cane. The lumbar spine was not examined specifically. A serum or urine drug screen was performed on March 27, April 23, May 3, July 3, August 11, and October 31, 2013. Diagnoses included spondylolisthesis and chronic back pain; depression and insomnia. Treatment has included antidepressants, anti-seizure agents, and oral opioids. A Utilization Review determination was rendered on December 3, 2013 recommending non-certification of "Cymbalta 30mg, #30 with three (3) refills and one (1) urinalysis".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CYMBALTA 30MG, #30 WITH THREE (3) REFILLS:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines California Chronic Pain Medical Treatment Guidelines, Cymbalta® (duloxetine) Section.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants For Chronic Pain; Cymbalta; SNRIs (Serotonin and Norepinephrine Reuptake Inhibit. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental

Illness & Stress, Antidepressants; Antidepressants for Treatment of MDD, and the website UpToDate.

**Decision rationale:** Cymbalta (duloxetine) is a SNRI class antidepressant. The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines note that some antidepressants are: "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain (Feurstein, 1977) (Perrot, 2006)." The tricyclic agents are generally considered first-line unless they are ineffective, poorly tolerated or contraindicated. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in the use of other analgesics, sleep quality and duration as well as a psychological assessment. The optimal duration of therapy is not known. The Guidelines recommend that assessment of treatment efficacy begin at one week with a recommended trial of at least 4 weeks. It is recommended that if pain is in remission for three to six months, a gradual tapering of the antidepressants occur. The long-term effectiveness of antidepressants has not been established. For neuropathic pain, tricyclics agents are recommended as first-line. Recent reviews also list tricyclics and SNRIs (duloxetine and venlafaxine) as first-line options. Antidepressants are listed as an option in depressed patients with non-neuropathic pain, but effectiveness is limited. The Guidelines note that non-neuropathic pain is generally treated with analgesics and anti-inflammatories. Multiple controlled trials have found limited effectiveness with antidepressants in fibromyalgia, with the exception of duloxetine. The Guidelines state that in low back pain: "... tricyclic antidepressants have demonstrated a small to moderate effect on chronic low back pain (short-term pain relief), but the effect on function is unclear. SSRIs have not shown to be effective for low back pain (there was not a significant difference between SSRIs and placebo) and SNRIs have not been evaluated for this condition (Chou, 2007)." The Guidelines state that tricyclic antidepressants specifically "... are recommended over selective serotonin reuptake inhibitors (SSRIs), unless adverse reactions are a problem." SNRIs are recommended as a first-line option for diabetic neuropathy. They note that there is no high quality evidence to support the use of duloxetine (SNRI) for lumbar radiculopathy. The non-certification was based upon the perception that the dose would exceed 60 mg per day. Otherwise, the request was approved. In this case, the drug is being utilized for pain in the setting of depression. therefore, the request for Cymbalta 30 mg, thirty count with three refills, is medically necessary and appropriate.

**ONE (1) URINALYSIS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Steps To Avoid Misuse/Addiction.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Urine Drug Testing

**Decision rationale:** This patient is on chronic opioid therapy. The California Medical Treatment Utilization Schedule (MTUS) recommends frequent random urine toxicology screens without specification as to the type. The Official Disability Guidelines (ODG) state that urine drug testing is recommended as a tool to monitor compliance with prescribed substances. The ODG

further suggests that in "low-risk" patients, yearly screening is appropriate. "Moderate risk" patients for addiction/aberrant behavior are recommended to have point-of-contact screening two to three times per year. "High risk" patients are those with active substance abuse disorders. They are recommended to have testing as often as once a month. This patient appears to be low risk and has had multiple drug screens in the twelve months prior to the request. The request for one urinalysis is not medically necessary or appropriate.