

Case Number:	CM14-0082669		
Date Assigned:	07/21/2014	Date of Injury:	10/01/2000
Decision Date:	08/27/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/04/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in California. 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 is a 54-year-old male who sustained a remote industrial injury on 10/01/00 diagnosed with chronic pain, cervicalgia, long-term use of medications, degeneration of cervical intervertebral disc, lumbago, and degeneration of lumbar or lumbosacral intervertebral disc. Mechanism of injury is not specified in the documents provided. The request for one prescription for Cymbalta 60mg #30 with 4 refills was modified at utilization review to certify Cymbalta 60mg #30 with 1 refill due to documented neuropathic pain as well as depression but continued patient monitoring is necessary with this medication. The request for one urine drug screen was non-certified at utilization review due to the patient already having been screened once since January 2014 and this patient does not have any risk factors to warrant testing more than twice a year. The most recent progress note provided is 05/29/14. Patient complains primarily of moderate back pain that radiates to bilateral thighs. The pain is described as aching, burning, deep, discomforting, dull, numbness, piercing, sharp, shooting, stabbing, and throbbing. Bending, daily activities, lying/rest, sitting, and standing aggravate the pain. The pain is rated as a 10/10 without medications and 5/10 with medications. Patient reports that he stays in bed at least half of the day without medications and is able to do simple chores around the house with medications. Review of Symptoms is negative for anxiety, depression, and insomnia. Physical exam findings are unremarkable. Current medications include: Celebrex 200mg one tablet daily, Androderm 2mg/24 hour transdermal patch, Oxycodone 30mg one tablet every 8 hours, Oxycontin 40mg one tablet 3 times a day, Cymbalta 60mg one tablet daily, Senna 8.6mg-50mg one tablet 4 times a day as a needed for constipation, and Klonopin .5mg one tablet twice a day as needed for anxiety. The patient's morphine equivalent is noted to be 270. It is also noted that the patient is more emotionally and physically stable on the 180mg of Oxycontin per day, which allows him to work out and do his metal work. The patient's opiate surveillance parameters are always

consistent and current. Provided documents include several previous progress reports that reveal the patient has been prescribed opioids since 2011, patient interval questionnaires that highlight the patient has been taking Cymbalta since at least 12/05/12 with reported benefit, a urinalysis dated 02/06/14, a urinalysis dated 07/03/13, and several procedure reports. On 08/14/13, the treatment plan included monitoring for adherence with a urine drug screen and routine labs and on 05/22/13, a urine drug screen was performed. The patient's previous treatments include lumbar/cervical facet joint injections, lumbar radiofrequency ablations, lumbar/cervical epidural steroid injections, chiropractic manipulation, physical therapy, and medication. Imaging reports are not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60 mg #30 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

Decision rationale: In regards to antidepressants, CA MTUS guidelines state, 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. Provided documentation identifies several previous prescriptions of Cymbalta but sleep quality and duration and psychological assessment is not documented in the recent progress notes as a result of this medication use. Further, the most recent progress note does not highlight any symptoms of depression/anxiety and physical exam findings do not indicate the nature of the pain as neuropathic. Lastly, the request for 4 refills cannot be supported as continued monitoring is necessary for continued use of antidepressants. As such, the medical necessity of an antidepressant is not supported for Cymbalta 60 mg #30 with 4 refills and is not medically necessary.

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screening. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal pain, including prescribing controlled substances, page 10.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine drug testing.

Decision rationale: California MTUS guidelines and ODG support urine drug screening/toxicology testing for patients undergoing chronic opioid therapy. According to ODG,

Frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument. Within this risk stratification, a patient is determined to be at low, moderate, or high risk. In this case, the treating physician does not thoroughly explain how the patient is at moderate/high risk for aberrant behavior, which would warrant frequent testing. Rather, several previous urine drug screens have revealed consistent results with the patient's prescribed medications and the treating physician notes no signs of aberrant behavior. ODG also notes, Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. As the patient underwent a urine drug screen on 02/06/14, a repeat urinalysis is not supported so soon after prior testing and a Urine Drug Screen is not medically necessary.