

<b>Case Number:</b>	CM15-0188697		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	08/22/2011
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 44 year old male who sustained an industrial injury on 8-22-2011. A review of medical records indicates the injured worker is being treated for lumbar radiculopathy and ilioinguinal neuralgia. Medical records dated 8-21-2015 noted lower back pain and rated his pain a 3 out of 10 with medication and a 5 out 10 without medication. Physical examination noted lumbar range of motion was restricted. Treatment has included Lyrica, Cymbalta, surgery, modified work, and pain coping skills group therapy. Utilization review form dated 9-9-2015 noncertified urine toxicology and Cymbalta 60mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective one urine toxicology (DOS: 8/21/2015): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain: Criteria for use of Urine Drug Testing (9/8/15).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter under Urine Drug Testing.

**Decision rationale:** The patient presents on 08/21/15 with lower back pain rated 3/10 with medications, 5/10 without. The patient's date of injury is 08/22/11. The request is for RETROSPECTIVE ONE URINE TOXICOLOGY (DOS: 8/21/2015). The RFA is dated 09/01/15. Physical examination dated 08/21/15 reveal a healed lumbar surgical scar, limited range of motion in all planes, positive straight leg raise test on the left, decreased motor strength in the left extensor hallucis longus and extensor digitorum brevis, with decreased sensation noted in the L5 dermatomal distribution. The patient is currently prescribed Lyrica and Cymbalta. Patient is currently advised to return to work with modified duties. MTUS Guidelines, Drug Testing Section, Page 43 states: "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." ODG-TWC, Pain chapter under Urine Drug Testing states: Patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. In regard to a urine drug screen, the requesting physician has not provided a reason for the request. The request under review is retrospective for urine drug screening performed point of care during the most recent visit on 08/21/15. While guidelines support such screening to confirm patient compliance with narcotic medications, this patient is not currently prescribed any medications of this class. Furthermore, the previous urine drug screening, dated 04/17/15 was found to be consistent. Without a rationale as to why this patient requires urine drug screening, the intent to prescribe Opioid medications, or evidence of current opioid/narcotic medication utilization, the request cannot be substantiated. The request IS NOT medically necessary.

**Cymbalta 60mg #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

**Decision rationale:** The patient presents on 08/21/15 with lower back pain rated 3/10 with medications, 5/10 without. The patient's date of injury is 08/22/11. The request is for CYMBALTA 60MG #30. The RFA is dated 09/01/15. Physical examination dated 08/21/15 reveal a healed lumbar surgical scar, limited range of motion in all planes, positive straight leg raise test on the left, decreased motor strength in the left extensor hallucis longus and extensor digitorum brevis, with decreased sensation noted in the L5 dermatomal distribution. The patient is currently prescribed Lyrica and Cymbalta. Patient is currently advised to return to work with modified duties. MTUS Guidelines, Antidepressants for chronic pain states section, page 13-16 states: "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. For Cymbalta specifically, MTUS states it is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and

radiculopathy." In regard to the continuation of Cymbalta, the request is appropriate. The most recent progress note, dated 08/21/15 lists Cymbalta among this patient's active prescriptions. Addressing efficacy, the provider states: "Pain level 3/10 with medications 5/10 without medications. Patient reports stable on current medication regimen. He states that he is able to perform his ADL's and increase his activity level with the aid of medication." MTUS guidelines required documentation of analgesia and functional improvement to substantiate continued use of medications when used for pain, the progress notes provided satisfy this requirement. Therefore, the request IS medically necessary.