

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0080294 |                              |            |
| <b>Date Assigned:</b> | 05/01/2015   | <b>Date of Injury:</b>       | 02/09/2004 |
| <b>Decision Date:</b> | 06/01/2015   | <b>UR Denial Date:</b>       | 04/10/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/27/2015 |

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 56-year old male with an industrial injury dated 02/09/2004. His diagnoses included both discogenic and facet and possibly sacroiliac joint-mediated lumbosacral spinal pain, left ankle pain, reactive depression and anxiety, lumbar degenerative disc disease, opioid dependence, severe depression with previous suicide attempts, gastroesophageal reflux disease and sleep disturbance. Prior treatment included medications, completion of [REDACTED] and psychotherapy. He presents on 03/09/2015 with complaints of back pain and lumbar complaints. The injured worker indicates back extension, back flexion, hip extension, hip flexion and hip rotation worsens the pain. The provider documents the injured worker has been living in another state and doing very well with decreased anxiety. Physical exam revealed the injured worker in no apparent distress. Mood and affect were appropriate to the situation. Gait and station examination revealed mid position without abnormalities. Treatment plan included medications to include antidepressant and medication to protect stomach. Urine drug screen was also requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Drug Screen (UDS):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95, 124. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77-78.

**Decision rationale:** The claimant has a remote history of work injury occurring more than 10 years ago. He continues to be treated for chronic low back pain. When seen, review of systems was positive for heartburn. He had complaints of low back pain radiating to the left lower extremity. Physical examination findings included positive left straight leg raising positive straight leg raising. Ongoing medications include Norco and Naprosyn as well as Cymbalta, which is being prescribed for depression. Criteria for the frequency of urine drug testing include risk stratification. In this case, the claimant appear to be at low risk for addiction/aberrant behavior Patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, the requesting provider does not appear to have performed prior urine drug screening and therefore the request was medically necessary.

**Omeprazole 20 mg Qty 30 with 3 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, p73.

**Decision rationale:** The claimant has a remote history of work injury occurring more than 10 years ago. He continues to be treated for chronic low back pain. When seen, review of systems was positive for heartburn. He had complaints of low back pain radiating to the left lower extremity. Physical examination findings included positive left straight leg raising positive straight leg raising. Ongoing medications include Norco and Naprosyn as well as Cymbalta, which is being prescribed for depression. Guidelines recommend consideration of a proton pump inhibitor such as omeprazole for the treatment of dyspepsia secondary to NSAID therapy. In this case, the claimant continues to take Naprosyn at the recommended dose and has a history of gastrointestinal upset. Therefore, the requested Omeprazole was medically necessary.

**Cymbalta 30 mg Qty 60 with 3 refills:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 43-44.

**Decision rationale:** The claimant has a remote history of work injury occurring more than 10 years ago. He continues to be treated for chronic low back pain. When seen, review of systems was positive for heartburn. He had complaints of low back pain radiating to the left lower extremity. Physical examination findings included positive left straight leg raising positive straight leg raising. Ongoing medications include Norco and Naprosyn as well as Cymbalta, which is being prescribed for depression. In terms of Cymbalta (duloxetine), it can be recommended as an option in first-line treatment of neuropathic pain. The maximum dose is 120 mg per day. In this case, although prescribed for depression, the claimant also has neuropathic left lower extremity pain. The requested dose is consistent with that recommended and therefore medically necessary.