

<b>Case Number:</b>	CM14-0100610		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	11/20/1996
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	06/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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. 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, 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:

This 46 year old woman sustained an industrial injury on 11/20/1996. The mechanism of injury is not detailed. Diagnoses include cervical myofascial pain syndrome, cervicgia, cervical radiculopathy, fibromyalgia, moderate depressive disorder, and chronic pain. Treatment has included oral medications. Physician notes on a PR-2 dated 6/5/2014 show complaints of pain over the cervical area, bilateral upper extremity pain, and headaches described as be unchanged and rated 4/10. Recommendations include Dilaudid, Duragesic, Cymbalta, Soma, urine drug screen, continue home exercise program, and follow up in one month. A progress report dated May 21, 2015 indicates that with the allotted, Duragesic, and Cymbalta, the pain is reduced from 10/10 to 4/10 and the patient is able to function throughout the day. The patient reports nausea, constipation, and abdominal pain, but no intolerable side effects from the current medication regimen. Informed consent is documented. Diagnoses include cervical radiculopathy, fibromyalgia, depression, and chronic pain. Notes indicate that urine drug screens and state database queries are performed regularly and consistent. A urine drug screen performed on February 19, 2015 is consistent for the patients prescribed medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cymbalta 30mg, #90 with 3 refills: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta (duloxetine).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 13-16.

**Decision rationale:** Regarding the request for duloxetine (Cymbalta), guidelines state that antidepressants are recommended as a 1st line option for neuropathic pain and as a possibility for non-neuropathic pain. Guidelines go on to recommend a trial of at least 4 weeks. 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. Within the documentation available for review, there is identification that the Cymbalta provides analgesic effect and functional improvement. It is acknowledged, that there should be better documentation indicating how each individual medication is improving the patient's pain and function. However, a one month supply of medication should allow the requesting physician time to better document these things. As such, the currently requested duloxetine (Cymbalta) is medically necessary.

**Dilaudid 4mg, #30:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Dilaudid (hydromorphone), California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no side effects or aberrant use, and the patient is noted to undergo regular monitoring. It is acknowledged, that there should be better documentation indicating how each individual medication is improving the patient's pain and function. However, a one month supply of medication should allow the requesting physician time to better document these things. As such, the currently requested Dilaudid (hydromorphone) is medically necessary.

**One (1) Urine Toxicology Screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-Terminal Pain, Including Prescribing Controlled Substances (May 2009) pages 10, 32-33.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines x 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 76-79 and 99 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter Urine Drug Testing.

**Decision rationale:** Regarding the request for a repeat urine toxicology test (UDS), CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, it appears the patient is taking controlled substance medication. The patient recently underwent a urine drug screen. There is no documentation of risk stratification to identify the medical necessity of drug screening at the proposed frequency. Additionally, there is no documentation that the physician is concerned about the patient misusing or abusing any controlled substances. In light of the above issues, the currently requested repeat urine toxicology test is not medically necessary.