

<b>Case Number:</b>	CM15-0074555		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	10/01/2000
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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: North Carolina, Georgia  
Certification(s)/Specialty: Family Practice

### 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 54-year-old male, who sustained an industrial injury on 10/01/2000. He reported spine and bilateral knee injury secondary to his years in constructions. On provider visit dated 02/19/2015 the injured worker has reported back pain. On examination of the cervical spine revealed decreased range of motion. The diagnoses have included chronic degenerative disc disease cervical chronic facet arthropathy, neck pain, and adjustment disorder with depressed mood, chronic degenerative disc disease lumbar chronic and chronic low back pain. Treatment to date has included MRI's, x-rays, laboratory studies and medication. The provider requested Labs: oxycodone and metabolite serum and Cymbalta 60mg quantity 30 with four refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Labs: oxycodone and metabolite serum:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Regarding Urine Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Urine Drug Testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 77-78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine Drug Screening.

**Decision rationale:** CA MTUS recommends the consideration of drug screening before initiation of opioid therapy and intermittently during treatment. An exact frequency of urine drug testing is not mandated by CA MTUS with general guidelines including use of drug screening with issues of abuse, addiction or poor pain control. ODG recommends use of urine drug screening at initiation of opioid therapy and follow up testing based on risk stratification with recommendation for patients at low risk for addiction/aberrant behavior (based on standard risk stratification tools) to be testing within six months of starting treatment then yearly. Patients at higher risk should be tested at much higher frequency, even as often as once a month. In this case, there is no submitted rationale for requesting a serum test of oxycodone and metabolite over a urine drug screen and the request for serum oxycodone and metabolites is not medically indicated.

**Cymbalta 60mg quantity 30 with four refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Selective Serotonin and Norepinephrine reuptake inhibitors.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 13-16.

**Decision rationale:** The CA MTUS includes extensive support for the use of antidepressants for neuropathic pain but the evidence for antidepressant use in non neuropathic pain is less robust. However, The CA MTUS states that antidepressants are an option in non neuropathic pain, especially with underlying depression present, the effectiveness may be limited. It has been suggested that the main role of SNRI medications, such as the Cymbalta prescribed in this case, is in controlling psychological symptoms associated with chronic pain. The medical records for the claimant clearly include a diagnosis of depression but the records are equivocal on response to treatment. The original UR decision modified the request from Cymbalta 60 mg #30 with 4 refills to Cymbalta 60 mg #30 with no refill in order to allow reassessment on a regular basis for response to treatment. The request as submitted for Cymbalta 60 mg #30 with 4 refills is not medically necessary and the original UR decision is upheld.