

<b>Case Number:</b>	CM14-0037172		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	01/24/2003
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	02/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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:

The patient is a 61-year-old woman who sustained a work-related injury on January 24, 2003. Subsequently she developed with chronic back and neck pain. She also underwent left knee surgery on December 12, 2012. According to a progress report dated on February 15, 2014, the patient was complaining to of the neck and back and left knee pain. Then he reported the radicular pain NCV of the left knee pain. The pain was rated at best 5/10 and 9/10 at worst. The pain was treated with the Celebrex which was stopped because of the renal disease, Opana and Nexium. His physical examination was stated the cervical tenderness with reduced range of motion. The provider requested authorization to use Cymbalta and sucralfate.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cymbalta 20 mg (quantity unknown): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANTS Page(s): 15-16.

**Decision rationale:** Cymbalta is FDA approved for diabetic neuropathy. It is also used off label for neuropathic pain and radiculopathy. There is no high quality evidence to support its use for

lumbar radiculopathy, back and neck pain. There is no clear evidence that the patient have diabetic neuropathy. There is no clear evidence of neuropathic pain. Therefore, the request of Cymbalta 60mg #30 x 2 refills is not medically necessary.

**Sucralfate 1 gm (quantity unknown): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MD Consult Drug Monograph(last updated 12/31/2011)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** According to MTUS guidelines, Sucralfate is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events or in case of active duodenal ulcer. The risk for gastrointestinal events are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. There is no documentation that the patient has a GI issue that requires the use of prilosec. There is no documentation in the patient's chart supporting that she is at intermediate or high risk for developing gastrointestinal events. Therefore, Sucralfate prescription is not medically necessary.