

<b>Case Number:</b>	CM14-0047039		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	05/01/2012
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	04/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2014

### 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 Occupational Medicine and is licensed to practice in California. 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 49 year old male who was injured on 05/01/2012. He sustained an injury when his hand struck on the heavy piece and he felt a sprain in the hand. Prior treatment history has included physical therapy, 2 injections to his back, 2 injections to his neck, wrist brace and medications. An initial ortho QME dated 03/20/2014 states the patient complained of pain in the right hand with associated numbness, tingling, cramping, and stabbing pain. Objective findings on exam revealed tenderness in the right upper extremity. The right elbow demonstrates full range of motion and extension. There is no evidence of medial or lateral epicondylitis. The digits of the right hand demonstrate full range of motion. Neurovascular status appears grossly intact. The back examination revealed tenderness to palpation of the lumbosacral junction and the paravertebral muscles with some tenderness in the sacral sciatic region on the left complaining of radiating pain into the left lower extremity. Range of motion of the trunk and lumbar spine revealed flexion to 50; extension to 22; lateral bending to 24/24. Diagnoses are strain/sprain, tendinitis, myositis right upper extremity affecting the wrist and forearm muscles primarily related with flexion; and probable lumbosacral sprain with pre-existing degenerative disk disease. On report dated 04/04/2013, the patient was prescribed Topamax 50 mg, Famotidine 20 mg, and Ambien 10 mg. The patient was sent for laboratory work. A prior utilization review dated 04/15/2014 states the request for Zolpidem Tart 10mg #30 (RX 10/18/2012) is not authorized as there were no significant objective findings submitted in the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zolpidem Tart 10mg #30 (RX 10/18/2012): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC; Mosby's Drug Consult.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Zolpidem.

**Decision rationale:** The ODG does not recommend Zolpidem for chronic use. The request is for Zolpidem #30 for another month. According to the ODG, sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are rarely, if ever, recommended for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. Long term Ambien (Zolpidem) is not appropriate for chronic pain. As such, the request is not medically necessary and appropriate.

**Famotidine 20mg #60 (RX 10/18/2012): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a687011.html>.

**Decision rationale:** Over-the-counter Famotidine is used to prevent and treat heartburn due to acid indigestion and sour stomach caused by eating or drinking certain foods or drinks. Famotidine is in a class of medications called H2 blockers. It works by decreasing the amount of acid made in the stomach. The MTUS Chronic Pain Guidelines do not recommend Famotidine for chronic use. The request is for Famotidine 20mg #60. Based on the MTUS Chronic Pain Guidelines, and the clinical documentation stated above, the request is not medically necessary.

**Topiramate 50mg #60 (RX 01/24/2013): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs G Insert Section. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/topamax.html>.

**Decision rationale:** The ODG indicates the central nervous system and psychiatric adverse event profile of topiramate CR makes it unsuitable for the treatment of obesity and diabetes. The request is for topiramate for chronic medication. Topiramate has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of "central" etiology. It is still considered for use for neuropathic pain when other anticonvulsants fail. Topiramate has recently been investigated as an adjunct treatment for obesity, but the side effect profile limits its use in this regard. Further, the medical records provided for review show no objective functional improvement. Based on the ODG criteria as well as the clinical documentation stated above, the request is not medically necessary.

**Famotidine 20mg #60 (RX 01/24/2013): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines GI symptoms and cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:  
<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a687011.html>.

**Decision rationale:** The MTUS Chronic Pain Guidelines recommends medications such as Famotidine for patients with complaints of gastritis, GERD or dyspepsia. Prophylactic use is supported by the MTUS Chronic Pain Guidelines when specific criteria are met, which include: (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). Documentation provided does not support that any of the aforementioned apply in this case and the request was not medically necessary. Based on the MTUS Chronic Pain Guidelines as well as the clinical documentation stated above, the request is not medically necessary.

**Zolpidem Tart 10mg #30 (RX 01/24/2013): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC; Mosby's Drug Consult.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Zolpidem.

**Decision rationale:** According to the ODG, Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. A trial of 2-6 weeks is recommended and therefore the request for chronic use is not medically necessary and appropriate.