

Case Number:	CM15-0081524		
Date Assigned:	05/04/2015	Date of Injury:	05/04/2001
Decision Date:	06/03/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/28/2015

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: Texas, California

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:

This is a 57 year old female patient who sustained an industrial injury on May 4, 2001. Diagnoses include shoulder joint pain, myalgia and myositis and chronic pain. Per the doctor's note dated 3/27/2015, she had chronic neuropathic pain in left arm. Per the note dated 1/14/2015, she had left hip pain and left arm/wrist pain radiating to the left shoulder. The physical examination revealed moderate distress, tearful and anxious. The medications list includes Topamax, Paxil, Senna, Lisinopril and omega 3 fatty acids. She has undergone right knee and right ankle surgery. Previous treatment includes physical therapy, home exercise program, and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Paxil (Paroxetine HCL) 20 mg #30 no refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors) Page(s): 107.

Decision rationale: Request: Paxil (Paroxetine HCL) 20 mg #30 no refills. Paxil contains paroxetine which is a Selective serotonin reuptake inhibitor. According to the CA MTUS chronic pain guidelines cited below SSRIs (selective serotonin reuptake inhibitors) are not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. She had chronic pain with objective findings of distress, anxiety and tearful. A SSRI is medically appropriate and necessary in this patient with chronic pain and psychological symptoms. The request of Paxil (Paroxetine HCL) 20 mg #30 no refills is medically necessary.

Famotidine 10 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 17-22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) page 68. NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Thomson Micromedex Famotidine Hydrochloride - FDA-Labeled Indications.

Decision rationale: Request: Famotidine 10 mg #30. Famotidine is a H2 receptor antagonists. Per the CA MTUS NSAIDs guidelines cited below, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors." According to the Thomson Micromedex ,FDA labeled indications for famotidine are "Duodenal ulcer disease, Duodenal ulcer disease, Maintenance, Erosive esophagitis, Gastric hypersecretion, Gastric ulcer, Gastric ulcer, Maintenance, Gastroesophageal reflux disease, Helicobacter pylori gastrointestinal tract infection, Indigestion, Non-ulcer, Zollinger-Ellison syndrome." Any of the above listed indications in this patient is not specified in the records provided. There is no evidence in the records provided that the patient has GI symptoms with the use of NSAIDs. The records provided do not specify the duration of the NSAID therapy. The records provided do not specify any objective evidence of GI disorders, GI bleeding or peptic ulcer. The request is not medically necessary.

Topamax (Topiramate) 25 mg #60 no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, cardiovascular risk Page(s): 69-70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) page 16-17Topiramate (Topamax, no generic available), page 21.

Decision rationale: Request: Topamax (Topiramate) 25 mg #60 no refills. Topiramate is an antiepileptic drug. According to MTUS guidelines antiepileptic drugs are "Recommended for neuropathic pain (pain due to nerve damage. There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and

mechanisms. Most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). There are few RCTs directed at central pain and none for painful radiculopathy." Any evidence of postherpetic neuralgia and painful polyneuropathy is not specified in the records provided. In addition per the cited guidelines "Topiramate (Topamax, no generic available) 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." Failure of first line anticonvulsants like gabapentin and pregabalin is not specified in the records provided. The request is not medically necessary.