

<b>Case Number:</b>	CM15-0083169		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	05/04/2001
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2015

### 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: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 57 year old female who sustained a work related injury May 4, 2001. Past history included right knee and right ankle surgery. According to a physician's office visit, dated March 27, 2015, the injured worker presented for chronic pain. She continues with neuropathic pain in her left arm as well as muscular dysfunction. She has tried her home exercise program but has increasing spasms. There is noted progress with her functional restoration program in terms of her understanding her injury and coming to grips with chronic pain. Diagnoses included joint pain, shoulder region; myalgia and myositis, unspecified; chronic pain. Treatment plan included request for [REDACTED] program to complete 160 hours and medications. At issue, is the request for authorization for Famotidine and Topamax.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topamax (topiramate) 25mg tablet take 1 by mouth bid #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), pages 16-21.

**Decision rationale:** Per MTUS Guidelines, Topamax is recommended for limited use in select chronic pain patients as a fourth or fifth line agent and indication for initiation is upon failure of multiple other modalities such as different NSAIDs, aerobic exercise, specific stretching exercise, strengthening exercise, tricyclic anti-depressants, distractants, and manipulation. This has not been documented in this case nor has continued use demonstrated any specific functional benefit on submitted reports from treatment previously rendered. There is no failed conservative first-line treatment modality, documented ADL limitations of neuropathic origin, or acute flare-up or red-flag conditions to support for its use. The Topamax (topiramate) 25mg tablet take 1 by mouth bid #60 is not medically necessary and appropriate.

**Famotidine 10mg 1 po everyday #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk, Pages 68-69.

**Decision rationale:** Famotidine (histamine H2 antagonist) is a medication is for treatment of the gastric and duodenal ulcers, erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for this medication namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The Famotidine 10mg 1 po everyday #30 is not medically necessary and appropriate.