

Case Number:	CM13-0024188		
Date Assigned:	10/11/2013	Date of Injury:	09/27/2007
Decision Date:	01/23/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/13/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Medicine and is licensed to practice in Georgia and North Carolina. 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 physician 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.

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 claimant is a 39-year-old woman, with shoulder and neck pain after an unspecified occupational injury on 9/29/2007. Prior surgical treatments have included biceps tendon repair in 2007 and right shoulder arthroscopy. Evaluations have included radiographic imaging. Her active diagnoses included subacromial bursitis, biceps tendonitis, adhesive capsulitis, rotator cuff impingement, right brachial plexus injury, facet capsular tears and cervical disc herniation. Surgical intervention for cervical disc disease is recommended and planned. Her medications include Cymbalta, Exalgo, gabapentin, ketoconazole, Lidoderm, Medrol dose pack, Norco, tizanidine and topiramate. Her subjective pain complaints include neuropathic and radicular components. She received approval for 2 month use of Oxcarbazepine on 3/13/2013 and was treated for 2 months with Oxcarbazepine. Subsequently, a request was submitted for ongoing use of Oxcarbazepine 150 mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxcarbazepine 150mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) and Oxcarbazepine (Trileptal®), generic available) Page(s): 16-18,21.

Decision rationale: The Chronic Pain Guidelines allow for the use of antiepileptic drugs, such as Oxcarbazepine, for the treatment of neuropathic pain. The guidelines specify that there should be documentation of pain relief and improvement in function, as well as documentation of any side effects. Continued use of such medication depends on improved outcomes. The medical record in this case does not include any documentation of improvement in pain or improved function after the trial of Oxcarbazepine. Oxcarbazepine is not medically indicated in this case.