

Case Number:	CM13-0026519		
Date Assigned:	11/22/2013	Date of Injury:	12/18/2001
Decision Date:	06/11/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/19/2013

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 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:

This patient is a 52 year old man developed a chronic lower extremity pain and severe cervical stenosis. The patient has a history of depression and morbid obesity. According to the note of May 31 2013, the patient underwent an ankle surgery on 2012 and he awakened from surgery with bilateral upper extremities paresthesia and difficulty with balance and multiple falls. His physical examination showed hyperreflexia, sustained clonus and positive Hoffmann's. Hi MRI of thoracic spine performed on April 25 2013 showed degenerative disc disease. His MRI of the cervical spine performed on April 15 2013 showed severe cervical stenosis. The provider is requesting authorization to use Lamotrigine and Hydromorphone to pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF LAMOTRIGINE 25 MG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lamotrigine Page(s): 21.

Decision rationale: According to Chronic Pain Medical Guidelines, Lamotrigine has been proven to be moderately effective for treatment of trigeminal neuralgia, HIV and central post

stroke pain. It has not been shown to be effective in diabetic neuropathy. It is not generally recommended as a first line treatment for neuropathic pain. It is not clear from that from the patient file that the patient was tried with first line pain medications. Furthermore, there is no evidence that Lamotrigine is effective in the treatment of chronic neck pain. Therefore the prescription of Lamotrigine is not medically necessary.

HYDROMORPHONE 8MG #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-77.

Decision rationale: Hydromorphone is short acting opioid. According to Chronic Pain Medical Treatment guidelines, ongoing use of opioids require a regular monitoring of it efficacy and adverse reaction. There no clear documentation of functional improvement of the patient condition. More information is needed about the patient response to the drug to justify continuous treatment with Hydromorphone. Therefore, Hydroorphone 8 mg # 90 is not medically necessary.