

<b>Case Number:</b>	CM13-0030967		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	12/26/2011
<b>Decision Date:</b>	02/05/2014	<b>UR Denial Date:</b>	09/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 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. 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 is a female patient with the date of injury of December 26, 2011. A utilization review determination dated September 16, 2013 recommends non-certification of Lamotragine and Namenda, and modified certification of Bupropion. The report states, "Bupropion is indicated for this patient." The report goes on to state, "Lamotrigine is not indicated... The records did not reveal a trial of another first-line agent or a trial of combination therapy to warrant consideration of a 2nd line treatment option." A progress report dated October 4, 2013 include subjective complaints stating, "she notes that there are no acute changes in that her pain today is 5/10 on the VAS scale with medications. She continues to have neck pain with radiation of pain and radicular symptoms in her bilateral upper extremities. She also continues to have lower back pain with radiation of pain and radicular symptoms into her bilateral lower extremities. She notes the [REDACTED] does continue to remain her PTP and that her next follow-up as scheduled on October 17, 2013. She notes that she did not utilize the medications that were prescribed by our practice because she has not found Gabapentin to be useful in the past and she has found the Buprenorphine is contraindicated with the use of Wellbutrin." Objective examination states, "the patient ambulates to the examination room without assistance." Diagnoses include cervical disc degeneration and lumbar disc degeneration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Bupropion Extended Release 300mg: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-16.

**Decision rationale:** Regarding the request for Bupropion, guidelines state that antidepressants are recommended as a 1st line option for neuropathic pain and as a possibility for non-neuropathic pain. Guidelines go on to recommend a trial of at least 4 weeks. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Within the documentation available for review, it does appear that the Bupropion is being prescribed to treat neuropathic pain. The patient has failed Gabapentin. However, it appears that the patient has been using this medication for an extended period of time, and there is no documentation of specific analgesic effect, functional improvement, or change in use of other medications. In the absence of such documentation, the currently requested Bupropion is not medically necessary.

**1 prescription of Lamotrigine 25mg, a day for 2 weeks, 50mg daily for 2 weeks, 100mg by mouth 1 week, then 200mg daily:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-21.

**Decision rationale:** Regarding request for lamotrigine, Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that due to side-effects and slow titration period, lamotrigine is not generally recommended as a first-line treatment for neuropathic pain. Within the documentation available for review, it does appear that the lamotrigine is being prescribed as a third-line agent to treat neuropathic pain. The patient has failed gabapentin, and is taking bupropion. The previous reviewer non-certified bupropion due to lack of documentation of failed first-line treatment. This has now been documented. In light of the above information, the currently requested lamotrigine is medically necessary.

**1 prescription of Namenda 10mg:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institute for Health and Clinical Excellence (NICE). Donepezil, galantamine, rivastigmine and memantine for the treatment of Alzheimer's

disease. London (UK): National Institute for Health and Clinical Excellence (NICE); 2011 Mar. 84 p. (Technology apprai

**Decision rationale:** Regarding the request for Namenda, California MTUS and ACOEM do not contain guidelines for the use of this medication. A search of the National Library of Medicine reveals a clinical guideline on the use of this medication. The guideline states that Namenda is recommended as an option for managing moderate Alzheimer's disease for people who cannot take acetylcholine esterase inhibitors, and as an option for managing severe Alzheimer's disease. Within the documentation available for review, there is no indication that the patient has severe Alzheimer's disease, or is unable to take acetylcholinesterase inhibitors with a diagnosis of moderate Alzheimer's disease. In the absence of such documentation, currently requested Namenda is not medically necessary.