

Case Number:	CM13-0041622		
Date Assigned:	12/20/2013	Date of Injury:	08/04/2000
Decision Date:	04/30/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/27/2013

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 & Rehabilitation, has a subspecialty in Interventional Spine, 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 patient is a 54-year-old female with date of injury of 08/04/2000. According to the treating physician's report, 07/05/2012, which is the most recent report provided for review, diagnoses are status post cervical fusion and headaches. Presenting symptoms are neck pain at 6/10, ongoing arm symptoms, continues to have recurring headaches, does have pain management followup with [REDACTED]. Another report by treating physician dated 05/31/2012 listed diagnoses of left cervical radicular pain status post C5 to C7 fusion, cervicogenic headaches, and chronic pain due to the above. Under treatment plan, the patient was to continue naproxen and Norco, continue working with psychiatrist, discussed spinal cord stimulation. Medications for neuropathic pain and ESI have been unsuccessful. This report states current medications are Norco and naproxen but medications from outside physician include lamotrigine.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF LAMOTRIGINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Anti-epileptic Drugs (AEDs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section Anti-epileptic Drugs (AEDs) for chronic pain

Decision rationale: This employee presents for chronic neck pain with history of multilevel cervical fusion. The employee also has cervicogenic headaches. There is a request for lamotrigine, which is also called Lamictal, anticonvulsant medication. However, review of the reports provided from 01/10/2012 to 07/05/2012, do not discuss this medication. There was one mention of this medication on 06/15/2012 report where the treating physician indicates that lamotrigine was prescribed by another physician. There were no other discussions regarding this medication in the 106 pages provided for review. Antiepileptic medications are recommended for neuropathic pain according to the ODG Guidelines. However, in this employee, the efficacy and indications for Lamictal is not described. The MTUS Guidelines require documentation of pain and function when medications are used for chronic pain. Furthermore, neuropathic pain or radiculopathy is not well documented, although the employee has some pain down the upper extremities. Given the lack of discussion and any other reports regarding this medication, it is not known what the medication is being used for and with what effectiveness. Recommendation is for denial.