

<b>Case Number:</b>	CM14-0000389		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	09/27/2007
<b>Decision Date:</b>	04/23/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### 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 Internal Medicine and Emergency Medicine, and is licensed to practice in Florida. 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 33-year-old with a date of injury of September 27, 2007. A progress report on November 25, 2013 stated that her mood stabilization was improved on Cymbalta. Difficulty with medication authorizations was noted. Objective findings included normal orientation with less depression. Diagnoses included bipolar disorder with depression. Treatment has included multiple mood stabilizers and antidepressants for many months. A Utilization Review determination was rendered on November 27, 2013, recommending non-certification of "Lamotrigine 150 MG #30".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LAMOTRIGINE 150 MG, 30 COUNT:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-20. Decision based on Non-MTUS Citation Lamictal.com

**Decision rationale:** Lamotrigine (Lamictal) is an anticonvulsant. The Medical Treatment Utilization Schedule (MTUS) does not list anticonvulsants or lamotrigine specifically as indicated for mood stabilization. The Official Disability Guidelines also do not address anti-

seizure agents under Mental Illness & Stress. However, the manufacturer's prescribing information includes bipolar disorder as an indication. The original non-certification was based upon lack of documentation of the patient's current condition and medication regimen. Likewise, that the current regimen is resulting in good control of her symptoms. However, multiple progress notes support her diagnosis and response to the therapy. The request for Lamotrigine 150 mg, 30 count, is not medically necessary or appropriate.