

<b>Case Number:</b>	CM14-0100462		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	03/10/2008
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 Physical Medicine and Rehabilitation, 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:

The injured worker is a 60-year-old male who reported an injury on 03/10/2008. The mechanism of injury was not provided. On 07/24/2014, the injured worker presented with low back pain. The diagnoses were lumbar strain, general anxiety disorder aggravated by chronic pain, and bilateral carpal tunnel syndrome. Current medications included Pennsaid, Lamictal, baclofen, Lyrica, Lidoderm patch, ibuprofen, and atenolol. Upon examination, there was mild muscle spasm persisted in the bilateral thoracic spine. There was limited lumbar spine range of motion with mild muscle spasm and a positive bilateral straight leg raise. Prior therapy included physical therapy, braces, and medications. The provider recommended Lamictal 75 mg with a quantity of 30; the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lamictal 75 mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs) Page(s): 16-22.

**Decision rationale:** The California MTUS Guidelines state Lamictal has been shown to be effective for diabetic painful neuropathy and postherpetic neuralgia and has been considered a first line treatment for neuropathic pain. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of an AED depends on improved outcomes versus tolerability of adverse effects. The efficacy of the prior use of the medication has not been documented. The provider's rationale was not provided. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.