

Case Number:	CM14-0104022		
Date Assigned:	07/30/2014	Date of Injury:	09/17/2012
Decision Date:	09/29/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/07/2014

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 Internal 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:

The injured worker is a 60 year old male injured on 09/17/12 due to a fall when he struck his shoulder and head resulting in mild traumatic brain injury with subsequent headaches, dizziness, difficulty with concentration and memory, stutter, mild right sided facial droop, and weakness in right upper extremity. The injured worker also exhibited right sided pronator drift and difficulty with gait. Clinical note dated 06/10/14 indicated the injured worker presented complaining of left lower extremity pain including calf and inner aspect of left foot. The injured worker also indicated discontinuing amitriptyline dose at bedtime due to unconvertible constipation. The injured worker reported utilizing compression stockings to bilateral lower extremities during exercise. The injured worker also reported experiencing cognitive dysfunction including stuttering when nervous, poor memory, and poor balance. Physical examination revealed left lower extremity larger than right with superficial venous varicosities and slight tenderness in the calf without palpable abnormalities. Medications included Norvasc, lorazepam, diazepam, ranitidine, Wellbutrin, Lipitor, meclizine, with discontinuation of amitriptyline. The initial request for carbamazepine 100mg was non-certified on 06/26/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

S5001 Carbamazepine 100mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs/Specific Anti-Epilepsy Drugs Page(s): 16, 18.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-Epilepsy Drugs Page(s): 18.

Decision rationale: As noted on page 18 of the Chronic Pain Medical Treatment Guidelines, Carbamazepine (Tegretol , Tegretol -XR, Carbatrol , Epitol , Equetro, generic available) has been shown to be effective for trigeminal neuralgia (Backonja, 2002) (ICSI, 2007) (Finnerup, 2005) and has been FDA approved for this indication. However, the frequency, amount, and number of refills to be provided was not provided. As such, the request for S5001 Carbamazepine 100mg is not medically necessary.