

Case Number:	CM14-0117068		
Date Assigned:	09/16/2014	Date of Injury:	04/01/2009
Decision Date:	10/16/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/24/2014

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, has a subspecialty in Pain 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 44-year-old male with an original date of injury of April 1, 2009. The mechanism of injury occurred in the context of employment as a heavy equipment operator and the injured worker was caught between 2 parts of the crane. The injured worker's diagnoses include chronic headache, sleep dysfunction, cervical facet syndrome, chronic neck pain, and deconditioning. Treatments to date have included cervical facet injections, Botox injections for migraine, trigger point injections in the thoracic paraspinal muscles, and medication management. The disputed request is for Lamictal. This request was noncertified because the patient did not have any of the diagnosis of trigeminal neuralgia, HIV, and central post stroke pain for which the MTUS have provisions for this drug.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lamictal 200mg QHS #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lamictal Page(s): 20.

Decision rationale: The Chronic Pain Medical Treatment Guidelines on page 20 state the following: "Lamotrigine (Lamictal, generic available) has been proven to be moderately effective for treatment of trigeminal neuralgia, HIV, and central post-stroke pain; (Backonja, 2002) (Namaka, 2004) (Maizels, 2005) (ICSI, 2005) (Dworkin, 2003) (Wiffen-Cochrane, 2007). It has not been shown to be effective for diabetic neuropathy. Due to side-effects and slow titration period, Lamotrigine is not generally recommended as a first-line treatment for neuropathic pain. (Dworkin, 2003) (ICSI, 2007) Furthermore, a recent Cochrane review determined that although there is some evidence that Lamotrigine may be effective for HIV neuropathy and post-stroke pain, this drug does not have a "significant place in therapy at present." This was partly due to the availability of more effective treatments including other AEDs and antidepressants. (Wiffen-Cochrane, 2007)". In the case of this injured worker, there is documentation that the Lamictal is being utilized for thoracic and lumbar radiating neuropathic pain. There is documentation of trial of first-line agents such as release and Lyrica for neuropathic pain. The patient did not get enough benefit from pharmacotherapy from these neuropathic pain agents alone. In progress notes from May to July, there is an upward titration of Lamictal. It is well-known that this medication requires a slow upward titration, and the documentation does not appear to any indicate any adverse effects from this medication. Therefore this request is medically necessary.