

Case Number:	CM14-0126541		
Date Assigned:	08/13/2014	Date of Injury:	03/10/2008
Decision Date:	09/11/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/08/2014

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 Management 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:

This is a male patient with the date of injury of March 10, 2008. A Utilization Review was performed on July 17, 2014 and recommended non-certification of Lamictal 25mg, #90 due to documentation that the patient has failed attempts at first-line medication. An evaluation dated July 3, 2014 identifies Interval History of Lamictal has palliated symptoms by over 50%. He has found Lamictal to be effective, but less sedating. Pain induced depression increases when pain or neuralgia surges. The Lamictal provides benefit in both of these areas for medical treatment. With the current mediation, he is able to swim daily and to volunteer as a secretary at a 12-step program for 4 hours per week. Laundry and long driving is difficult to perform due to pain. Examination identifies affect was less upset and agitated in expressing frustration over chronic pain. Mild muscle spasm was found with lateral flexion in the cervical spine. Less tenderness to palpation with taught bands were found at myofascial trigger points with twitch responses in the levator scapula, trapezius, and rhomboid muscles causing radiating pain to the latissimus dorsi and decreased cervical spine range of motion. Diagnoses identify cervical strain, chronic with radiating symptoms and right shoulder impingement. Treatment plan identifies continue medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lamictal 25mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AED.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines x 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 16-21 of 127.

Decision rationale: Regarding request for Lamictal, Chronic Pain Medical Treatment Guidelines state that anti-epilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that 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 AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is identification that Lamictal has palliated symptoms by over 50% and is less sedating. Current medication also provides improvement in function. As such, the currently requested Lamictal is medically necessary.