

Case Number:	CM14-0132672		
Date Assigned:	08/22/2014	Date of Injury:	08/09/2006
Decision Date:	11/06/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/19/2014

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 43-year-old female who sustained an injury on August 9, 2006. She is diagnosed with (a) chronic low back pain with muscle spasm and radiculopathies, right more than left; (b) radiculopathic pain radiating from lumbar sacral spine to both lower extremities; (c) opioid-induced constipation controlled with Colace; (d) pain-induced depression, partially controlled with Cymbalta; and (e) gastrointestinal irritation and gastroesophageal reflux disorder aggravated by prolonged intake of non-steroidal anti-inflammatory medications and analgesic medications. She was seen on July 3, 2014 for an evaluation. She was taking Lamictal 200 mg one tab nightly to decrease nerve pain from her low back pain. This alleviated her symptoms over 50%. Examination of the lumbar spine revealed pressure over the facets at L5-S1 on the right side aggravated pain and was tolerated on the left side. Facet loading on the right side aggravated pain complaints. Tenderness was found over the L3, L4, and L5 on the right side. Range of motion was limited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lamictal 200 mg 1 tab nightly #30 to reduce nerve pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Anti-epilepsy drugs for pain,

Decision rationale: Guidelines state that the use of lamotrigine is generally not recommended as a first-line treatment for neuropathic pain. A review of medical records have no indications that the injured worker trialed and failed first-line medications for neuropathic pain to warrant the use of Lamictal. The request for Lamictal 200 mg #30 is not considered medically necessary.