

Case Number:	CM14-0181298		
Date Assigned:	11/06/2014	Date of Injury:	06/17/2009
Decision Date:	12/11/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	10/31/2014

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 & 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 47-year-old female with a reported date of injury on 06/17/2009. The mechanism of injury was lifting. Her diagnoses included depressive disorder and anxiety disorder. She presented on 09/02/2014 with complaints of fatigue, depression, and anxiety. She stated she worried about her emotional condition and physical condition and how they would impact her future. Upon physical examination she was in an anxious mood, preoccupied with her levels of pain and she was close to tears. Her medications included Zoloft, Cymbalta, Abilify, Ativan, Norco and Fentanyl. No treatment plan was included within the documentation. The request was for Lamictal 25 mg and no rationale was included in the documentation. The Request for Authorization form, dated 10/08/2014, was included in the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lamictal 25mg: Upheld

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

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

Decision rationale: The request for Lamictal 25mg is not medically necessary. The California MTUS Guidelines state that Lamictal is not generally recommended as a first line of treatment for neuropathic pain and it is associated with many side effects including a life threatening skin rash. The injured worker reported she was not doing well due to stress. The requesting physician's rationale for prescribing this new medication was not indicated within the provided documentation. No evidence was submitted to indicate the injured worker failed tried other anti-epilepsy drugs which failed to alleviate symptoms prior to prescribing the Lamictal. The request did not include the frequency or the quantity of the medication. The clinical documentation as submitted did not support the need for Lamictal. As such, the request for Lamictal 25mg is not medically necessary.