

<b>Case Number:</b>	CM14-0048213		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	06/17/2008
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	04/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2014

### 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 Occupational 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:

This is a 36-year-old female with a 6/17/08 date of injury; the mechanism of the injury was not described. The patient was seen on 3/25/14 with complaints of 4/10 ankle pain associated with weakness and swelling, 5/10 knee pain associate with locking, popping and snapping and 7/10 cervical pain associated with radicular pain in the right and left extremities. The patient also complained of 5/10 migraine headaches with blurred vision. Exam findings revealed pain to palpation over C2-C6 and L3-S1 facet capsules bilaterally. The patient had decreased sensation tin the C6 dermatome, L4 dermatome and S1 dermatome on the left. The phone conversation with the prescribing physician, dated 4/4/14 revealed as follows: The patient has recalcitrant complex regional pain syndrome (CRPS), allodynia, failed anterior cervical discectomy and fusion (ACDF) and chronic radiculopathy. The Lamictal and Topamax help address the neuropathic pain. The patient also has recalcitrant headaches/migraines addressed with the Inderal. It is of label for neuropathic pain; however it does seem to help in conjunction with the other neuropathic medications. The prescribing physician agreed to a modified treatment plan as written. The diagnosis is status post anterior cervical discectomy and fusion at C5-6 with C4-C5 disc replacement, chronic right posterior suboccipital pain, allodynia, complex regional pain syndrome (CRPS) and chronic radiculopathy. Treatment to date: occipital nerve block with temporary relief (12/19/13), anterior cervical discectomy and fusion at C5-C6 with C4-C5 disc replacement, home exercise program and medications. An adverse determination was received on 4/7/14. The request for Lamictal #60 100 mg was modified from 3 refills to 1 refill. The phone conversation with the requesting physician dated 4/4/14 documented that he agreed to a modified treatment plan.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lamictal (Lamotrigine) 100mg, # 60 with 3 Refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines ODG (Pain Chapter).

**Decision rationale:** CA MTUS does not address this issue. ODG states that Lamictal has been proven to be moderately effective for treatment of trigeminal neuralgia, HIV (Human Immunodeficiency Virus), and central post-stroke pain. Due to side effects and slow titration period, Lamotrigine is not generally recommended as a first-line treatment for neuropathic pain. The phone conversation with requesting physician dated 4/4/14 revealed that he agreed to modify the treatment plan from 3 refills to 1 refill. There is no rationale indicating why the patient needs 3 refills of Lamictal 100mg #60 at this point. Therefore, the request for Lamictal (Lamotrigine) 100mg # 60 with 3 refills was not medically necessary.