MAXIMUS Federal Services

Case Number:	CM14-0048508		
Date Assigned:	06/25/2014	Date of Injury:	01/29/2004
Decision Date:	07/28/2014	UR Denial Date:	03/15/2014
Priority:	Standard	Application Received:	03/28/2014

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 Emergency Medicine and is licensed to practice in New York. 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 patient is a 56-year-old male who was injured on January 29, 2004. The patient continued to experience lower back and bilateral knee pain. Physical examination was notable for antalgic gait, anterior joint tenderness of the left knee, left knee crepitus. Diagnoses included cervical disc displacement, lumbar disc displacement, lumbar spinal stenosis and generalized anxiety disorder. Treatment included medications, physical therapy, and surgery. Requests for authorization for lamotrigine 100 mg #30 and propranolol 20 mg # 60 were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lamotrigine 100mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guideline Pain Interventions and Guidelines Page(s): 20.

Decision rationale: Lamotrigine is and anti-epileptic medication that has been proven to be moderately effective for treatment of trigeminal neuralgia, HIV, and central post-stroke pain. 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. Lamotrogine is associated with many side effects, including a life-threatening skin rash, Stevens-Johnson syndrome (incidence 1/1000), and it has been reported that up to 7% developed a skin rash that may be dose-dependent. There is a black box warning regarding skin rashes for this medication. In this case documentation does not support that the patient is suffering from neuropathic pain. Physical examination is not indicative of radiculopathy. In addition the patient has not obtained analgesia. The request is not medically necessary.

Propanolol 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: UpToDate: Propranolol - drug information.

Decision rationale: Propranolol is a beta-blocker that is used to treat essential tremor, hypertension, thyroid storm, migraine headache prophylaxis, pheochromoctoma, and tachyarrythmias. In this case the patient was taking metoprolol, another beta-blocker, and flecainide for atrial flutter and atiral fibrillation. These medications were prescribed by his cardiologist. The patient was not taking propranolol. The request should not be authorized.