

Case Number:	CM14-0049709		
Date Assigned:	07/07/2014	Date of Injury:	03/10/2008
Decision Date:	09/05/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/17/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain and muscle spasms reportedly associated with an industrial injury of March 10, 2008. Thus far, the applicant has been treated with analgesic medications; transfer of care to and from various providers in various specialties; and antispasmodic medication. In a Utilization Review Report dated March 17, 2014, the claims administrator denied a request for Lamictal while approving a request for Baclofen. The claims administrator stated that Lamictal was not a first line medication for neuropathic pain and that other medications should be employed in lieu of the same. The applicant's attorney subsequently appealed. On April 10, 2014, the applicant presented with chronic neck and shoulder pain. The attending provider stated that earlier trigger point injections had been beneficial here. The applicant's sleep remains stable, it was stated. It was stated that the ongoing usage of Lamictal was reducing the symptoms of neuropathic pain. The applicant's medication list also included Nuvigil, it was stated. The applicant was reportedly performing swimming and home exercises on a daily basis; it was suggested, reportedly attributed to ongoing medication usage. The attending provider stated that the current dosage of Lamictal was optimal. The attending provider did not clearly detail which medications the applicant was presently using but did seemingly suggest that the applicant had developed some intolerable drowsiness with earlier usage of Lyrica and stated that the current dosage of Lamictal represents an optimal dosage of the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lamictal 75 mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lamictal section Page(s): 20, 7.

Decision rationale: The request represents a renewal request for Lamictal. While page 20 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Lamictal is not recommended as a first line treatment for neuropathic pain, in this case, however, the request in question represents a renewal request for Lamictal. The decision to employ Lamictal was already made by the attending provider. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that the attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, the attending provider posited that ongoing usage of Lamictal was diminished in the applicant's pain complaints, was diminishing the applicant's consumption of other medications, and moreover, was improving the applicant's ability to perform home exercises, including swimming. It is further noted that the applicant appears to have tried other anticonvulsants, including Lyrica, and did develop intolerable side effects with the same, including drowsiness. Continuing Lamictal, a second line anticonvulsant, is therefore indicated here. Accordingly, the request is medically necessary.