

Case Number:	CM14-0069433		
Date Assigned:	07/25/2014	Date of Injury:	08/31/2001
Decision Date:	10/02/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/14/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Texas. 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 54 year old female who sustained an injury on 08/31/01. No specific mechanism of injury was noted. The injured worker was being followed for ongoing psychiatric complaints. As of 04/28/14, the injured worker was being prescribed Trileptal 300mg one in the AM and two in the PM. The injured worker had recently begun tapering medications as they had not been approved. The injured worker was working full time and tolerating duties. The injured worker's physical exam was unremarkable. Follow up on 05/12/14 noted that the injured worker self-purchases Trileptal with a more "balanced" feeling and improved mood. The injured worker was recommended to continue with Trileptal at this evaluation. Trileptal 300mg quantity 90 with one refill was denied by utilization review dated 04/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trileptal 300mg #90, 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptics Page(s): 16-22.

Decision rationale: In regards to the use of Trileptal 300mg quantity 90 with one refill, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. Trileptal is an anti-convulsants medication that has demonstrated benefits in the treatment of neuropathic pain, specifically trigeminal neuralgia. There is limited evidence regarding the efficacy of this medication in the treatment of psychiatric illnesses. In this case it is being prescribed off label and would not be recommended by current evidence based guidelines.