

<b>Case Number:</b>	CM14-0086240		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	12/28/1995
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 & Rehab 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 58-year-old male who reported injury on 12/28/1995 reportedly sustained an injury when he was walking down stairs and fell injuring his left foot, knee, shoulder and arm. The injured worker's treatment history included psychological evaluation, physical therapy, surgery, medications, and psychotherapeutic sessions. Within the documentation that was submitted, the injured worker had a history of major depression. It was noted the injured worker had a psychological evaluation 01/05/2009; however, he was re-evaluated for a second psychological on 06/17/2010. The final recommendations were injured worker to continue psychiatric treatment, including individual psychotherapy and psychotropic medication consultation was essential to treat the industrially related to psychological symptoms and to help the injured worker maintain his level of functioning. Treatments are reasonably required to relieve the effects of the work-related injury. The injured worker was evaluated on 05/31/2014, and it was documented that the injured worker demonstrated profound levels of depression marked by loss of hope, flat affect, anxiety, insomnia, and inability to make decisions due to lack of confidence, low self-esteem, and decreased energy levels. It was noted the injured worker stated that he had a difficult time connecting to people and often felt unwanted. Objective findings were for the injured worker to continue psychotherapy benefits to help to stabilize feelings of depression through cognitive/behavioral therapy techniques such as cognitive re-framing, assertiveness training, motivational interviewing, and relaxation training. Functional improvements made in psychotherapy include helping the injured worker do several things such as engaging in outdoor activities and maintaining a close family social network. Diagnoses included major depressive disorder, SE Severe W/Psychotic features, and psychological factors affecting medical condition. The provider failed to indicate outcome measurements of psychotropic medication for the injured worker. Medications included Prozac 40 mg, Lamictal

200 mg, and Klonopin 1 mg. A request for authorization and rationale were not submitted for this review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Lamictal 200mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti epilepsy drugs Page(s): 16-22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ant epilepsy Drugs (AEDs) Page(s): 16-17.

**Decision rationale:** The requested Lamictal 200 mg #30 is non-certified. Per California Medical Treatment Utilization Schedule (MTUS) Guidelines, state Lamictal is recommended for neuropathic pain (pain due to nerve damage). There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials for the use of this class of medication for neuropathic pain have been directed at post herpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). There are few RCTs directed at central pain and none for painful radiculopathy. The choice of specific agents reviewed below will depend on the balance between effectiveness and adverse reactions. A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the "trigger" for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. The diagnoses included major depressive disorder, SE severe W/Psychotic Features and Psychological Factors Affecting Medical Condition. There was no indication the injured worker had neuropathic pain due to nerve damage. In addition, the provider failed to indicate outcome measurements of injured worker prescribed medications. The request lacked frequency. Therefore, the request for Lamictal 200 mg # 30 is non-certified.