

Case Number:	CM14-0126742		
Date Assigned:	09/05/2014	Date of Injury:	12/27/2000
Decision Date:	07/16/2015	UR Denial Date:	07/26/2014
Priority:	Standard	Application Received:	08/11/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 55 year old female who sustained an industrial injury on 12/27/2000. Mechanism of injury occurred when she lifted a heavy box of mail weighing approximately 60 pounds. She felt a sudden onset of stabbing, shooting pain in her low back and pain radiating down her right leg. Diagnoses include lumbar degenerative joint disease, lumbar herniated nucleus pulposus, status post anterior and posterior lumbar fusion of L4-5, and L5-S1 in September of 2009, repair of an incisional hernia in June of 2010, and again in February of 2013, chronic back pain, low back pain, major depression, lumbar radiculopathy, and therapeutic opioids. Treatment to date has included diagnostic studies, medications, psychology sessions, physical therapy, yoga, exercise program, and aqua therapy. Medications include Fentanyl, Lyrica and Oxycodone. The injured worker continues to complain of chronic low back pain with radicular symptoms extending into the lower extremities bilaterally. She states her most severe pain is right above the hardware. She has frequent sudden spasms. There has tingling, numbness and weakness in her legs right greater than left along with occasional sharp stabbing pain in her right ankle. She has pain both feet all the time. She has frequent moderate pain radiating down her right leg. She has pain in the left side of her abdomen and into the pelvic area. Treatment requested is for Lamictal 200mg, Qty 60, and Oxycodone IR 15mg, Qty 180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lamictal 200mg, qty 60: 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 (Chronic) Lamotrigine (Lamictal).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-20. Decision based on Non-MTUS Citation Pain- Anti-epilepsy drugs (AEDs) for pain.

Decision rationale: Lamictal 200mg, qty 60 is not medically necessary per the MTUS Guidelines and the and the ODG. The MTUS and the ODG states that Lamotrigine (Lamictal, generic available) has been proven to be moderately effective for treatment of trigeminal neuralgia, HIV, 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 documentation does not indicate that the patient has central post stroke pain, HIV, trigeminal neuralgia. The request for Lamictal is not medically necessary.

Oxycodone IR 15mg, qty 180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: Oxycodone IR 15mg, qty 180 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation reveals that the patient has been on long-term opioids without significant evidence of functional improvement therefore the request for continued opioids is not medically necessary.