

Case Number:	CM15-0104483		
Date Assigned:	06/05/2015	Date of Injury:	01/12/1999
Decision Date:	07/13/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/27/2015

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: California, Arizona,

Maryland Certification(s)/Specialty: Psychiatry

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 52 year old male, who sustained an industrial injury on 01/22/1999. He reported a fall which resulted in lumbar spine strain/sprain, left lower extremity complex regional pain syndrome, right knee strain, status post arthroscopy , venipuncture cause right upper extremity complex regional pain syndrome. On provider visit dated 04/15/2015 the injured worker has reported depressed with low motivation and low self-esteem. The injured worker was noted as still suffering from physical discomfort and demoralization. On examination of the injured worker was noted as alert and oriented, adequately groomed, good eye contact, soft speech no agitation was noted , full affect, depressed mood, o delusions or suicidal ideation no gross deficits and insight was good. The diagnoses have included major depressive disorder recurrent, moderate. Treatment to date has included psychotherapy, functional restoration program and medication. The provider requested Lamotrigine 100mg every day, #60 with refills for 6 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lamotrigine 100mg every day, #60 with refills for 6 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gillman's The Pharmacological

Basis of Therapeutics, 12th Edition, McGraw Hill 2010 and Physician's Desk Reference, 68th Edition (www.RxList.com), ([http:// www.odg-twc.com/odgtwc/formulary.htm](http://www.odg-twc.com/odgtwc/formulary.htm)).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA.gov: Lamotrigine.

Decision rationale: Indications and Usage for Lamictal:-Epilepsy: Adjunctive Therapy-Lamictal is indicated as adjunctive therapy for the following seizure types in patients aged 2 years and older:-partial-onset seizures.-primary generalized tonic-clonic (PGTC) seizures.-generalized seizures of Lennox-Gastaut syndrome.-Monotherapy-Lamictal is indicated for conversion to monotherapy in adults (aged 16 years and older) with partial-onset seizures who are receiving treatment with carbamazepine, phenytoin, phenobarbital, primidone, or valproate as the single antiepileptic drug (AED).-Lamictal is indicated for the maintenance treatment of bipolar I disorder to delay the time to occurrence of mood episodes (depression, mania, hypomania, mixed episodes) in patients treated for acute mood episodes with standard therapy. The injured worker has been diagnosed with chronic pain and major depressive disorder recurrent, moderate. The injured worker does not have a diagnosis of Bipolar disorder for which Lamictal is indicated. Thus, the request for Lamotrigine 100mg every day, #60 with refills for 6 months is excessive and not medically necessary.