

Case Number:	CM15-0147330		
Date Assigned:	08/10/2015	Date of Injury:	11/09/1999
Decision Date:	09/09/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/29/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 52 year old female who sustained an industrial/work injury on 11-9-99. She reported an initial complaint of low back pain. The injured worker was diagnosed as having intractable lumbar pain, radiculopathy, along with bipolar disorder with mixed and borderline traits and pain syndrome. Treatment to date includes medication. Currently, the injured worker complained of being depressed and upset over the past couple of weeks with noncompliance with medication regimen, with worsening mood and some suicidal thoughts. Per the primary physician's report (PR-2) on 6-19-15, mood has been rocky, affect dysthymic, no paranoia or psychotic features, intact cognition, insight fair, judgment good, and average intelligence. Current plan of care included ongoing psychotherapy and medication for pain, mood stability, and sleep. The requested treatments include Lamotrigine 100mg (Lamictal).

IMR ISSUES, DECISIONS AND RATIONALES

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

Lamotrigine 100mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lamotrigine (Lamictal); Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Lamotrigine Section Page(s): 54.

Decision rationale: Lamotrigine (Lamictal, generic available) has been proven to be moderately effective for treatment of trigeminal neuralgia, HIV, and central post-stroke pain. It has not been shown to be effective for diabetic neuropathy. Due to side-effects and slow titration period, lamotrigine is not generally recommended as a first-line treatment for neuropathic pain. Furthermore, a recent Cochrane review determined that although there is some evidence that lamotrigine may be effective for HIV neuropathy and post-stroke pain, this drug does not have a significant place in therapy at present. This was partly due to the availability of more effective treatments including other AEDs and antidepressants. Lamotrigine is associated with many side effects, including a life-threatening skin rash, Stevens-Johnson syndrome (incidence 1/1000), and it has been reported that up to 7% developed a skin rash that may be dose-dependent. There is a black box warning regarding skin rashes for this medication. The drug should be discontinued at first sign of rash. While current guidelines recommend discontinuing lamotrigine in patients who develop rash, cases that develop benign rash can be re-challenged without adverse consequences, but very slow titration of lamotrigine is crucial to the reduction of rash recurrence. This medication has also been approved for the treatment of bipolar disorder. In this case, the injured worker had been diagnosed with bi-polar disorder. The available documentation provides evidence that the injured worker was approved for a prescription of lamotrigine 25mg #120 with one refill on 7/15/15. She has stated that she lost her medication. It is unclear why a new prescription, increasing the dose to 100mg, is being requested at this time, therefore, the request for Lamotrigine 100mg #60 with 1 refill is not medically necessary.