

<b>Case Number:</b>	CM15-0149168		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	04/11/2013
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	07/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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: Emergency 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 32 year old male, who sustained an industrial injury on 04-11-2013. He has reported injury to the neck and mid and low back. The diagnoses have included neck pain; chronic cervical strain; pain in thoracic spine; chronic thoracic strain; disorders of sacrum; sciatica; headache; and major depressive disorder with anxiety. Treatment to date has included medications, diagnostics, crutches, wheelchair, cognitive behavioral therapy, and physical therapy. Medications have included Butrans Patch, Lidoderm Patch, Fentanyl Patch, Lyrica, Senokot-S, Prazosin, Lamotrigine, and Pantoprazole. A progress note from the treating physician, dated 06-29-2015, documented a follow-up visit with the injured worker. The injured worker reported that he was unable to obtain the Prazosin that was ordered for him; his primary physician diagnosed him with fibromyalgia; he was prescribed Lyrica and he has found it helpful for pain; and he has continuing frightening nightmares. It is noted that he has had improvement in activity tolerance with physical therapy, but continues to have significant pain. Objective findings have included the Lyrica is helping his pain and probably it is helping his mood stability as well; increased his dose of Lamotrigine due to violent, frightening nightmares; and Prazosin is needed because of his post-traumatic stress disorder nightmares. The treatment plan has included the request for Lamotrigine 25 mg #60 with 3 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lamotrigine 25 mg #60 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-17, 20.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16, 20.

**Decision rationale:** Lamotrigine/Lamictal is an anti-epilepsy drug. As per MTUS Chronic pain guidelines, AEDs may be beneficial for neuropathic pain. Lamotrigine has only shown to be effective in central stroke, HIV and trigeminal neuralgia related pain. Patient does not meet indication for use. Patient has been on this medication chronically with no documentation of significant benefit. The number of refills is not appropriate as it does not allow appropriate monitoring. Lamotrigine with refills are not medically necessary.