

Case Number:	CM15-0164178		
Date Assigned:	09/01/2015	Date of Injury:	03/10/2008
Decision Date:	10/26/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/20/2015

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: Texas, Illinois

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 61 year old male, who sustained an industrial injury on 3-10-08. The injured worker was diagnosed as having chronic cervical strain; right shoulder impingement syndrome. Treatment to date has included physical therapy; trigger point injections (2-13-15); medications. Currently, the PR-2 notes dated 7-9-15, the provider documents "With his trigger point injections, his intake of opiate analgesic medications has remitted. Headaches have decreased by over 50% since his last trigger point injections. Neck range of motion has increased since then, and activities of daily living have increased, as well as his independent exercise program." He notes that he has requested trigger point injections but there has been no response for authorization. The provider documents the "Lamictal 25mg, 3 tabs daily continues to reduce his shoulder neuralgia and Baclofen 10mg, up to 1 tab daily as needed, has continued to reduce his muscle spasms by over 50%. Lamictal was more effective than Lyrica and will be refilled at today's evaluation. Lyrica was not prescribed, as it has caused adverse mood swings in the past. Atenolol is ingested for anxiety and hypertension, which is prescribed by another physician. He continues to be able to swim and perform an independent exercise program, as a consequence of his current treatment." On physical examination, the provider documents "trigger points with hyperirritable foci located in palpable taut bands in the levator scapula, trapezius and rhomboid muscles, produced local twitch response to compression, and referred pain to the posterior scapula and neck." His documentation includes the physical examination in other upper regions of the body. His treatment plan was to continue medications as prescribed and re-evaluation in four weeks. A Request for Authorization is dated 8-20-15. A Utilization Review letter is dated 7-23-15 and non-certification was for Lamotrigine IR Unit Dosage 25mg.

Utilization Review refers to the denial letter 9-5-14 for Lamotrigine 25mg because "the injured worker was already taking Lyrica, similar medications, with good response. The medical records did not establish the medical necessity of adding yet another anti-epileptic agent in this regard." The Utilization Review Letter again references another denial date of 1-2-15 and 1-28-15 for the same similar reasoning. The provider is requesting authorization of Lamotrigine IR Unit Dosage 25mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lamotrigine IR Unit Dosage 25mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: The injured worker sustained a work related injury on 3-10-08. The injured worker was diagnosed as having chronic cervical strain; right shoulder impingement syndrome. Treatment to date has included physical therapy; trigger point injections (2-13-15); medications. The medical records provided for review do not indicate a medical necessity for Lamotrigine IR Unit Dosage 25mg. Lamotrigine (Lamictal), is an antiepileptic drug, which the MTUS does not recommend as a first line agent for neuropathic pain. The MTUS recommends the use of the antiepileptic drugs for the treatment of neuropathic pain. The guidelines recommends that continued use be based on evidence of 30 % reduction in pain, otherwise switch to a different first line agent, or combine with another first line agent. Antiepileptic drugs have been found useful in the treatment of Spinal cord injury, Complex Regional Pain Syndrome, Fibromyalgia, Lumbar spinal stenosis, Post Op pain and painful polyneuropathy and Post herpetic neuralgia. The medical records indicate the injured worker had good response to Lyrica, an antiepileptic drug, but Lyrica had to be replaced with Lamotrigine due to side effects from the Lyrica. The report indicates the injured worker had better response with the Lamotrigine than he did with Lyrica, and it was well tolerated. However, the medical records did not document a 30% or more decrease in pain, as recommended by the MTUS for continued use of antiepileptic drugs in the management of neuropathic pain. Therefore this request is not medically necessary.