

Case Number:	CM15-0203915		
Date Assigned:	10/20/2015	Date of Injury:	07/10/2009
Decision Date:	12/04/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/16/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 49-year-old male, with a reported date of injury of 12-27-2010. The diagnoses include chronic hand pain and carpal tunnel syndrome. The progress report dated 09-10-2015 indicates that the injured worker was seen on 07-30-2015, and was given Tegretol. It was noted that initially the pain had not made any major differences in aching pain; and there was no sedation effect. The subjective findings (08-14-2015) include "no change in his condition since last visit", continued pain in the bilateral hands, and taking medications with slight benefits. The objective findings (09-10-2015) include no negative effect of medication, and "no significant changes noted." The treating physician increased the dose of Tegretol. The injured worker's work status was referred to the primary treating physician. The diagnostic studies to date have not been included in the medical records provided. Treatments and evaluation to date have included Neurontin, Topamax, Tegretol (since at least 07-2015), and Keppra. The request for authorization was dated 09-18-2015. The treating physician requested Tegretol 200mg #60 with one refill. On 09-25-2015, Utilization Review (UR) non-certified the request for Tegretol 200mg #60 with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tegretol 200mg #60 - 1 Refill: Upheld

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

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

Decision rationale: CA MTUS guidelines state that Tegretol (carbamazepine) "has been shown to be effective for trigeminal neuralgia (Backonja, 2002) (ICSI, 2007) (Finnerup, 2005) and has been FDA approved for this indication." In this case the patient does not have a diagnosis of trigeminal neuralgia and does not meet the criteria for this prescription. Therefore, this request is not medically necessary.