

Case Number:	CM15-0206177		
Date Assigned:	10/23/2015	Date of Injury:	03/29/2007
Decision Date:	12/09/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/20/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 47 year old male, who sustained an industrial-work injury on 3-29-07. He reported initial complaints of both tibias and right fibula pain with fractures. The injured worker was diagnosed as having psychalgia, anxiety disorder, and unspecified persistent mental disorders due to conditions classified elsewhere and chronic pain. Treatment to date has included medication, surgery (open reduction and internal fixation (ORIF) of right tibia), diagnostics, and psychotherapy. Currently, the injured worker complains of stressors with poor sleep with racing thoughts along with pain. There are visual changes and more panic attacks. Xanax has been prescribed since 12-2008. Medication includes Motrin, Tramadol, Lamactal, Niferipine, Pantoprazole, and Triamterene-HCTZ. Per the primary physician's progress report (PR-2) on 1-7-15, exam noted less dysthymic mood with apprehensive affect, non-delusional or hallucinatory, no formal thought disorder, no suicide or homicidal ideations, fair appetite, good recent and remote memory, poor attention span, and fair social judgments and insight. Current plan of care includes medication refill. The Request for Authorization requested service to include Lamictal 200mg #30 with 6 refills and Xanax XR 3mg #30 with 6 refills. The Utilization Review on 9-24-15 denied the request for Lamictal 200mg #30 with 6 refills and Xanax XR 3mg #30 with 6 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lamictal 200mg #30 with 6 refills: 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: According to the guidelines, Lamictal has been proven to be moderately effective for treatment of trigeminal neuralgia, HIV, and central post-stroke pain. It is not a first-line treatment for neuropathic pain. In this case, the claimant does have depression, anxiety, and psychosis. The claimant does not have the above diagnoses. As a result, the request to continue Lamictal with 6 refills is not medically necessary.

Xanax XR 3mg #30 with 6 refills: Upheld

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

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks and its range of action includes: sedation, anxiolytic, anticonvulsant and muscle relaxant. In this case, the claimant does have anxiety and poor sleep. The claimant has been on the medication for over 2 years. Long-term use with 6 additional refills is not supported by evidence or the guidelines and is not medically necessary.