

<b>Case Number:</b>	CM15-0028213		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	04/19/2004
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	01/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction Psychiatry

### 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 50 year old female whose date of injury is 04/19/2004, involving neck and back injuries. She was diagnosed with cervical herniation, cervical spondylosis, bilateral carpal tunnel syndrome, bilateral epicondylitis and radiculopathy. She underwent carpal tunnel release. She had a MRI which revealed cervical stenosis, EMG studies, epidural steroid injections, shoulder injections, cervical discogram, pain medications, pain patches and physical therapy. She failed non-operative treatment and cervical fusion was recommended. Records provided were scant. A UR of 01/15/2015 indicted that the patient's medications included venlafaxine ER, Lunesta, clonazepam, lamotrigine, and Topamax. The reviewer spoke with the provider, who reported that the patient had symptoms of depression and anxiety, with bipolar traits. The lamotrigine was keeping her mood stable. The clonazepam was helpful for her anxiety. She was not abusing it, there was no drug seeking behavior, and no side effects. The provider reported plans to taper after six months. Authorization was requested for Clonazepam and Lamotrigine, both for 18 months, was amended to three months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Clonazepam 1mg #60/month x 12 months: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

**Decision rationale:** Clonazepam is a benzodiazepine anxiolytic. No diagnosis of an anxiety disorder was provided, and no symptoms of anxiety were given by the provider or the patient. There were no psychiatry or psychology notes provided for review, and no supporting documentation other than the UR of 01/15/2015 reporting the conversation between the reviewer and the provider. While true that benzodiazepines are used for longer than four weeks in the community for anxiety disorders/symptoms in patients who are not substance abusing, drug seeking, or experiencing side effects, documentation is lacking in this case. In addition, given that the physician had agreed to begin tapering in around six months, the request for 18 months is not reasonable. This request is therefore noncertified.

**Lamotrigine 150mg #60 x 18 months:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lamotrigine (Lamictal, generic available).

**Decision rationale:** Lamotrigine is an anti-epileptic drug also used in neuropathic pain, central post stroke pain, and off-label as a mood stabilizer. There were no psychiatry or psychology notes provided for review, and no supporting documentation other than the UR of 01/15/2015 reporting the conversation between the reviewer and the provider which mentions that the patient had bipolar traits and lamotrigine was keeping her mood stable. It is well known that lamotrigine is associated with skin rash yet no mention was made of monitoring for side effects. In addition, the request for an 18 month certification is not reasonable. This request is therefore non-certified.