

Case Number:	CM15-0217142		
Date Assigned:	11/06/2015	Date of Injury:	08/05/1999
Decision Date:	12/24/2015	UR Denial Date:	10/27/2015
Priority:	Standard	Application Received:	11/03/2015

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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 67 year old male, who sustained an industrial injury on 09-05-1999. A review of the medical records indicates that the worker is undergoing treatment for chronic pain, myofascial pain syndrome, lumbar facet arthropathy and lumbar radiculopathy. Subjective complaints (08-24-2015 and 10-15-2015) included low back and bilateral hip, buttock and foot pain that ranged from 2-10 out of 10. Medication was noted to provide greater than 50% improvement in pain and to allow the worker to perform activities of daily living. Objective findings (08-24-2015 and 10-15-2015) included tenderness to palpation of L5-S1 with pain across the lower back on extension and along the facets, sciatic notch tenderness and positive straight leg raise bilaterally. Treatment has included Effexor, Celebrex, Tegretol (start date unclear), Duragesic, Lyrica, nerve blocks, injections, epidural steroids, chiropractic treatment, physical therapy and transcutaneous electrical nerve stimulator (TENS) unit. A request for Tegretol was submitted. There was no indication as to the reason for prescription of Tegretol and no documentation of pain ratings before and after the use of Tegretol, the duration of pain relief or any evidence of objective functional improvement with the use of medication. A utilization review dated 10-27-2015 non-certified a request for Tegretol XR 100 mg #30 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Tegretol XR 100mg, #30 with 2 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: The MTUS considers Tegretol, a Anti-epilepsy drugs (AEDs). MTUS states concerning Anti-epilepsy drugs (AEDs) "Recommended for neuropathic pain (pain due to nerve damage. (Gilron, 2006) (Wolfe, 2004) (Washington, 2005) (ICSI, 2005) (Wiffen-Cochrane, 2005) (Attal, 2006) (Wiffen-Cochrane, 2007) (Gilron, 2007) (ICSI, 2007) (Finnerup, 2007) There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). There are few RCTs directed at central pain and none for painful radiculopathy. (Attal, 2006) The choice of specific agents reviewed below will depend on the balance between effectiveness and adverse reactions. See also specific drug listings below: Gabapentin (Neurontin); Pregabalin (Lyrica); Lamotrigine (Lamictal); Carbamazepine (Tegretol); Oxcarbazepine (Trileptal); Phenytoin (Dilantin); Topiramate (Topamax); Levetiracetam (Keppra); Zonisamide (Zonegran); & Tiagabine (Gabitril)." MTUS Further states Outcome: A 'good' response to the use of AEDs has been defined as a 50% reduction in pain and a 'moderate' response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the 'trigger' for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails."While the treating physician documents a 20% reduction in pain, a 30% reduction in pain is considered clinically relevant. Guidelines recommend a switch to a first line agent and/or a combination therapy. The previous reviewer noted weaning should have occurred and no additional refills should be needed. As such, the request for one prescription of Tegretol XR 100mg, #30 with 2 refills is not medically necessary.