

Case Number:	CM15-0037649		
Date Assigned:	03/06/2015	Date of Injury:	04/19/2004
Decision Date:	05/01/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/27/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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, who sustained an industrial injury on April 19, 2014. She reported neck pain and bilateral upper extremity pain. The injured worker was diagnosed as having status post cervical fusion, bilateral carpal tunnel syndrome, status post carpal tunnel release bilaterally, depression, migraine headaches and opioid induced constipation. Treatment to date has included radiographic imaging, diagnostic studies, surgical interventions of the cervical spine and bilateral hands, conservative treatments, Botox injections, medications and work restrictions. Currently, the injured worker complains of migraine headaches, neck pain and bilateral upper extremity pain with associated numbness, weakness and tingling. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on November 5, 2014, revealed continued pain. She reported the neck pain was significantly reduced and the migraine frequency had slowed. She reported she did not believe she needed further Botox injections. Physical therapy was recommended and medications were renewed. Evaluation on January 21, 2015, revealed continued pain although improved since cervical fusion. It was noted she was weaning off Percocet and had decreased the daily number since the last visit. Medications were renewed and adjusted. A mood disorder medication and a muscle relaxant were ordered.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 1 MG #60 x 12 Months: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official disability guidelines chapter "Pain (chronic)" and topic Benzodiazepine.

Decision rationale: Based on the 1/21/15 progress report provided by the treating physician, this patient presents with neck pain rated 3/10 on VAS scale. The treater has asked for CLONAZEPAM 1MG #60 X 12 MONTHS but the requesting progress report is not included in the provided documentation. The patient's diagnoses per Request for Authorization Form dated 1/8/15 are major depressive disorder and pain disorder. The patient is s/p cervical ACDF C5-7 from 6/27/14, which improved neck pain by 70% with a reduction in severity/frequency of migraine headaches per 11/5/14 report. However, she still has persistent numbness/tingling/weakness of upper extremities, which has continued after cervical fusion surgery per 11/5/14 report. She has only had 4 migraine headaches since the fusion surgery per 1/21/15 report. The patient's current medications include Percocet, Topamax, Flexeril, Imitrex, Duexis, and Lidoderm patches per 1/21/15 report. The patient's work status is permanent and stationary, and she is being treated under the provisions of future medical care per 1/21/15 report. ODG guidelines, chapter "Pain (chronic)" and topic "Benzodiazepine", have the following regarding insomnia treatments: "Not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks." The MTUS Guidelines page 24 states, "benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." The treater does not specifically discuss this medication. The patient is prescribed Clonazepam in reports dated 5/14/14, 7/14/14, 9/8/14, and 10/3/14. ODG guidelines limit use of benzodiazepines to no longer than 4 weeks, due to unproven efficacy and risk of psychological and physical dependence or frank addiction. The request for Clonazepam #60 for 12 months exceeds ODG guidelines, and does not indicate intended short-term use. Furthermore, the treater does not indicate why the patient would need a yearlong supply of a benzodiazepine. The request IS NOT medically necessary.

Lamotrigine 150 MG #60 x 18 Months: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter: Lamotrigine.

Decision rationale: Based on the 1/21/15 progress report provided by the treating physician, this patient presents with neck pain rated 3/10 on VAS scale. The treater has asked for

LAMOTRIGINE 150MG #60 X 18 MONTHS but the requesting progress report is not included in the provided documentation. The patient's diagnoses per Request for Authorization Form dated 1/8/15 are major depressive disorder and pain disorder. The patient is s/p cervical ACDF C5-7 from 6/27/14, which improved neck pain by 70% with a reduction in severity/frequency of migraine headaches per 11/5/14 report. However, she still has persistent numbness/tingling/weakness of upper extremities, which has continued after cervical fusion surgery per 11/5/14 report. She has only had 4 migraine headaches since the fusion surgery per 1/21/15 report. The patient's current medications include Percocet, Topamax, Flexeril, Imitrex, Duexis, and Lidoderm patches per 1/21/15 report. The patient's work status is permanent and stationary, and she is being treated under the provisions of future medical care per 1/21/15 report. The MTUS and ACOEM Guidelines do not address this request; however, ODG Guidelines under the pain chapter for lamotrigine states, "Lamotrigine (Lamictal, generic available) has been proven to be moderately effective for the treatment of trigeminal neuralgia, HIV, and central post-stroke pain. It has not been shown to be effective for diabetic neuropathy. Due to side effects and slow titration, lamotrigine is not generally recommended as a first line treatment for neuropathic pain." The treater does not specifically discuss this medication. The patient is prescribed Lamotrigine in reports dated 5/14/14, 7/14/14, 9/8/14, and 10/3/14. In this case, the ODG Guidelines recommend Lamotrigine for treatment of trigeminal neuralgia, HIV, and central post-stroke pain, none of which this patient presents with. The treater appears to be prescribing Lamotrigine for the patient's migraine headaches, which is not indicated per ODG guidelines. Therefore, the request IS NOT medically necessary.