

<b>Case Number:</b>	CM15-0087331		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	03/10/2009
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2015

### 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, Hawaii  
 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 03/10/2009. She has reported subsequent low back, shoulder, elbow, neck pain and headaches and was diagnosed with cervical, lumbar, bilateral shoulder and bilateral elbow strain and chronic pain. Treatment to date has included oral and topical pain medication. In a progress note dated 04/20/2015, the injured worker complained of chest, buttock, leg, lower extremity, neck pain and headaches. Objective findings were notable for tenderness to palpation with taut bands found at myofascial trigger points with twitch responses in the levator scapula, trapezius and rhomboid muscles, decreased range of motion of the neck, moderate tenderness of the thoracic and lumbar tenderness and spasms of the right paravertebral region. A request for authorization of Celebrex, Lamotrigine, Lidoderm patch and Citalopram was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 100mg #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

**Decision rationale:** The patient presents with pain affecting the lumbar spine and headaches. The current request is for Celebrex 100 mg #60. The treating physician states in the report dated 4/20/15 (179B), "Celebrex 100mg 1 cap twice a day has reduced her joint pain, and she will continue to attempt in reducing the dose." The MTUS guidelines state, "Recommended at the lowest dose for the shortest period in patients with moderate to severe pain." In this case, the primary treating physician has only prescribed this medication to the patient since 3/12/15 and the patient is weaning off this medication. The current request is medically necessary and the recommendation is for authorization.

**Lamotrigine ER 100mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mdconsult.com last updated 12/09/2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-18.

**Decision rationale:** The patient presents with pain affecting the lumbar spine and headaches. The current request is for Lamotrigine ER 100mg #30. The treating physician states in the report dated 3/12/15 (103B), "Lamotrigine ER 1 unit daily. Pain induced depression." The MTUS guidelines state, "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain." ODG discusses the use of lamotrigine for pain. Lamotrigine for major depressive disorders is not FDA approved and considered off-label use. ACOEM, MTUS and ODG do not support the use of Lamotrigine for major depression. There are no randomized controlled studies supporting the use of Lamotrigine in major depression. In this case, the treating physician has documented that the patient has been experiencing depression due to this injury and that this medication has continued to help the patient, but there is no guideline support. The current request is not medically necessary and the recommendation is for denial.

**Lidoderm patch 5% #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

**Decision rationale:** The patient presents with pain affecting the lumbar spine and headaches. The current request is for Lidoderm patch 5% #60. The treating physician states in the report dated 3/12/15 (101B), Lidoderm patch. 2 patches daily. The MTUS guidelines state, "Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy." In this case, the treating physician has documented that other first line therapies have decreased the patient's pain and there is no documentation of localized peripheral pain. The current request is not medically necessary and the recommendation is for denial.

**Citalopram 10mg #30: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13.

**Decision rationale:** The patient presents with pain affecting the lumbar spine and headaches. The current request is for Citalopram 10mg #30. The treating physician states in the report dated 4/20/15 (179B), "Citalopram 10mg nightly will be prescribed at today's evaluation to reduce her depression." The MTUS guidelines state, "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain." In this case, the treating physician has documented that the patient has been experiencing depression due to this injury. The treating physician has documented that the patient is suffering from depression and interruptions during sleep. The current request is medically necessary and the recommendation is for authorization.