

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0138335 | | |
| Date Assigned: | 09/05/2014 | Date of Injury: | 11/08/2007 |
| Decision Date: | 10/09/2014 | UR Denial Date: | 08/05/2014 |
| Priority: | Standard | Application Received: | 08/26/2014 |

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 55 year old female who sustained an industrial injury on 11/08/2007. She has a history of C5-6 ACDF in 11/2012, right/left cubital tunnel release in 4/2009 and 12/2010, right/left carpal tunnel release in 3/2011 and 8/2011, cortisone injections, trigger point injections, and occipital nerve blocks, physical therapy and acupuncture. Per the medical records, her current medications include Lidocaine patch 5%, Carbamazepine 100mg ER, Hydrocodone 5/325mg, Amitriptyline 25mg, Gabapentin 300mg, and Cyclobenzaprine 10mg. A statement of medical necessity form dated 7/3/2014 requests Lidocaine for trial for 1-2 months, for neuropathic pain. Diagnoses are cervical radiculopathy, ulnar nerve, and occipital. According to the 7/14/2014 progress report, the patient's chief complaints are neck, shoulder and hand pain. Pain has worsened she still gets some relief from gabapentin for arms/hands pain, but not head pain. She continues Amitriptyline, Gabapentin, Norco and Flexeril. She reports ongoing left facial pain and HA. She denies any nausea, phonophobia, or photophobia. She indicates bilateral neck pain that is aching with left temporal headache. Pain is rated 7-9/10. Relevant objective findings show tender occipital occiput, minimal active cervical ROM, tender at AC joint and anterior cervical spine, limited shoulder ROM, 2+ reflexes, normal sensation, and 5/5 motor strength except for 4-/5 right shoulder abduction strength. Diagnosis occipital neuralgia (primary), R/L CTS, R/L ulnar nerve entrapment at elbow, R shoulder bursitis, monitoring opioid therapy, cervical radiculopathy, and HX of cervical spine fusion. Treatment plan refill/continue Amitriptyline, Norco, Gabapentin, consider increase to 900mg, add Carbamazepine, and order labs. A statement of medical necessity form dated 7/22/2014 requests Carbamazepine, for ongoing use, for neuropathic pain. Diagnoses 723.8. Claims unresponsive to Gabapentin, TCAs, Lidocaine, (illegible)).

IMR ISSUES, DECISIONS AND RATIONALES

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

Carbamazepine (Tegretol) 100mg ER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carbamazepine

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carbamazepine (Tegretol, Tegretol-XR, Carbatrol, Eptol, Equetro, generic available) Pag. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Anti-epilepsy drugs (AEDs) for pain

Decision rationale: Antiepilepsy drugs (AEDs) are recommended for neuropathic pain (pain due to nerve damage). Carbamazepine (Tegretol) has been shown to be effective for trigeminal neuralgia and has been FDA approved for this indication. Carbamazepine use is often limited because of side-effects, including ataxia, cognitive decreases, dizziness, somnolence, CNS depression, hyponatremia, nausea and vomiting, skin rashes (rarely Stevens - Johnson syndrome has been reported) and hematologic disorders, including agranulocytosis and aplastic anemia. There is a black box warning regarding development of potentially fatal blood cell abnormalities following the use of Carbamazepine, and the drug should be discontinued at the first sign of a rash. Pretreatment CBC should be obtained for monitoring purposes. The medical records fail to establish a diagnosis of trigeminal neuralgia in this case. The patient is also on Gabapentin with benefit, and Amitriptyline. In the absence of clear diagnosis of trigeminal neuralgia, Tegretol is not medically necessary.