

<b>Case Number:</b>	CM14-0211452		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	03/27/2009
<b>Decision Date:</b>	02/19/2015	<b>UR Denial Date:</b>	12/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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. 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: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 man with a date of injury of 3/27/09. He was seen by his provider on 12/17/14 in follow up of a denial for lamotrigine 400mg daily. He used this medication in conjunction with Lyrica. His diagnoses were lumbar sprain with radiculopathy and weakness, status post L4-6 left laminectomy. He was using lamotrigine for neuropathic pain which has stabilized with his medications. He stated he could 'drive for 2 hours, stand for 10 minutes, walk for an hour and can lift 20lbs. His exam showed tenderness over the left lumbar spine and left paravertebral muscles which was increased with forward flexion and extension. He had some guarding with left straight leg raise, left leg weakness and an antalgic gait. At issue in this review is the request for the medication lamotrigine x 6 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lamotrigine x 6 months:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 20-21.

**Decision rationale:** Per the guidelines, Lamotrigine has been proven to be moderately effective for the treatment of trigeminal neuralgia, HIV, and central post-stroke pain; but has not been effective for diabetic neuropathy and is not generally recommended as a first-line treatment for neuropathic pain. This medication has significant side effects and includes a black box warning for skin rashes which could be life threatening. In this injured worker, the records do not document a discussion of significant side effects. Additionally, the indication is for neuropathic pain which is not recommended per the guidelines. He concurrently takes Lyrica and it is not clear which of the medications is effective for his pain. The medical necessity of Lamotrigine is not substantiated in the records. Therefore, this request is not medically necessary.