

Case Number:	CM15-0012241		
Date Assigned:	01/29/2015	Date of Injury:	07/24/2003
Decision Date:	03/24/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	01/21/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 54 year old male who sustained a work related injury on 07/24/03. He reports shooting pain going down to the left leg. Diagnoses include failed back surgery syndrome, lumbar radiculopathy, sacroilitis, and history of depression or bipolar disorder. Treatments to date include medications, physical therapy, and trigger point injections. In a progress note dated 01/05/15 the treating provider reports that he is in the office for medication refills. Medications include Lexapro, Ambien, and Lamictal. He was not currently working. On 01/15/15 Utilization Review non-certified Lamictal, citing MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown prescription of Lamictal: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-17.

Decision rationale: According to MTUS guidelines, anti epileptic drugs “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).There is no documentation that the patient is suffering from a neuropathic pain. Furthermore, there is no documentation that the patient failed first line anti- epileptic drugs such as Neurontin. Therefore, the request to use Unknown prescription of Lamictal is not medically necessary.