

Case Number:	CM15-0014462		
Date Assigned:	02/02/2015	Date of Injury:	06/11/2003
Decision Date:	03/26/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/26/2015

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: Florida

Certification(s)/Specialty: Neurology, Pain Management

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 68 year old female who sustained an industrial related injury on 6/11/03 after falling from a truck. The injured worker had a history of mood lability, anxiety, and neuropathic pain. Medications included Clonidine, Hydroxyzine, Lorazepam, Opana, Tizanidine, and Lamictal. Diagnoses included disturbance in mood, irritability and anger, outbursts of anger, anxiety, neuropathy, and reflex sympathetic dystrophy. The treating physician requested authorization for 30 tablets of Lamotrigine 100mg. On 1/7/15 the requests was non-certified. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines and noted there was no recent clinical evaluation to indicate the current symptoms, medication, response to prior pharmacotherapy, and physical examination findings. Therefore the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 tablets of Lamotrigine 100mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antiepilepsy drugs Page(s): 16.

Decision rationale: The medical records support the presence of neuropathic pain but does not reflect specific response or degree of functional improvement to demonstrate benefit by the medication. ODG supports the use of lamotrigine for neuropathic pain with demonstration of pain improvement and/or improvement of function. As such the medical records do not support use of lamotrigine for the insured.