

Case Number:	CM15-0014689		
Date Assigned:	02/02/2015	Date of Injury:	03/10/2008
Decision Date:	03/27/2015	UR Denial Date:	01/02/2015
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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 61-year-old male who reported an injury on 03/10/2008. The mechanism of injury was not supported. The current diagnoses include chronic lumbar strain, affective disorder with elevated anxiety and depression, and bilateral carpal tunnel syndrome. The injured worker presented on 11/13/2014 with complaints of decreased sensation in the left thigh and calf from the knee to the ankle. Gastrointestinal symptoms continued to remain intermittent. The injured worker was utilizing Lamictal 25 mg and baclofen 10 mg. Upon examination, there was tenderness to palpation of the left posterior occiput, suboccipital muscles, and left temporalis muscles. Mild muscle spasms were noted in the thoracic and lumbar spine. Trigger points with twitch responses were noted in the paravertebral muscles of the lumbar spine. There was diminished range of motion with positive straight leg raising bilaterally. There was numbness in the web space between the left middle and ring fingers, with mild reduction of sensation on the right. Recommendations included continuation of the current medication regimen. A Request for Authorization form was submitted on 12/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lamictal 25mg #90: 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 Page(s): 16-22..

Decision rationale: California MTUS Guidelines state Lamictal has been proven to be moderately effective for treatment of trigeminal neuralgia, HIV, and central poststroke pain. The injured worker does not maintain any of the above mentioned diagnoses. Additionally, it was noted within the documentation that the injured worker currently utilizes Lyrica with reported benefit. The medical necessity for 2 separate antiepileptic medications has not been established in this case. Given the above, the request is not medically appropriate at this time.