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| <b>Case Number:</b>   | CM15-0112351 |                              |            |
| <b>Date Assigned:</b> | 06/18/2015   | <b>Date of Injury:</b>       | 09/25/2012 |
| <b>Decision Date:</b> | 07/17/2015   | <b>UR Denial Date:</b>       | 06/05/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/10/2015 |

### 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

Certification(s)/Specialty: Emergency 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 (IW) is a 25 year old female who sustained an industrial injury on 09/25/2012. The mechanism of injury and initial report are not found in the records reviewed. The injured worker was diagnosed as having chronic post-traumatic headache, dizziness/vertigo, and unspecified backache. Treatment to date has included medications. Tests and imaging include Ct of the head, brain MRI, electroencephalogram, spinal tap, and labs. Currently, the injured worker complains of headaches that are rated a 6/10 in intensity, fatigue, abdominal pain and nausea, with dizziness, extremity weakness, and numbness in extremities. Medications include citalopram, cyclobenzaprine, diclofenac, Flexeril, lamotrigine, Lo Loestrin Fe , meclizine, OxycContin ER, phentermine, Sumatriptan, and Trazodone. The treatment plan (04/09/2015) was for continuation of medications, continue with headache dietary restrictions, keep physically and mentally active and increase social engagement and follow-up with the provider in one month. A request for authorization is made for Lamotrigine 200mg #60 with 1 refill.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lamotrigine 200mg #60 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-20.

**Decision rationale:** As per MTUS Chronic pain guidelines, anti-epilepsy medications like may be recommended for neuropathic pain. Lamotrigine may be effective in central neuropathic pain such as traumatic headache that patient currently has. As per guidelines, a successful minimal response is a 30% improvement in pain and function. Patient continues to have severe pain and is multiple opioids and medications. There is no documentation in reduction in severity of pain or pain free days. Documentation fails to support continued use of lamotrigine.