

<b>Case Number:</b>	CM15-0115803		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	10/22/2002
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	05/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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, North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 45 year old male, who sustained an industrial injury on 10/22/2002. He reported falling off a forklift and the forklift rolling over his left leg. Diagnoses have included left lower leg ankle and foot pain, crush injury to the left lower leg, status post fracture repair of the left leg, weakness at the left ankle and left plantar flexor contracture. Treatment to date has included medication, physical therapy, spinal cord stimulator trial and surgery. According to the progress report dated 5/5/2015, the injured worker complained of left lower leg pain described as sharp and stabbing rated 3-9/10. The pain was associated with weakness and numbness. Physical exam revealed atrophy of the left calf. There was discoloration of the left foot with tenderness to palpation of the left shin into the left foot. There was decreased sensation to pinprick in the first webspace of the left foot. Authorization was requested for Lamotrigine and Lyrica.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Lamotrigine 100mg #60 with 2 refills: Upheld**

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

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

**Decision rationale:** Anti-epilepsy drug are recommended as first-line agents for neuropathic pain. Lamotrigine, however, is not recommended as a first-line treatment for neuropathic pain due to side effects and a slow titration period. Lamotrigine is associated with many side effects, including life-threatening Stevens-Johnson syndrome. A very slow titration of this medication is crucial to reduce the risk of side effects. Thus the request is deemed not medically necessary based on safety issues of the medication.

**1 prescription of Lyrica 150mg #90 with 2 refills:** 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 Page(s): 16-20.

**Decision rationale:** Lyrica (Pregabalin) is an antiepileptic drug recommended for the treatment of neuropathic pain. In this case, the patient suffered a crush injury and fracture of his left leg, resulting in nerve damage. Thus the use of Lyrica is appropriate for the chronic neuropathic pain in his left lower extremity. A monthly supply of this medication is reasonable, however the refills should not be routinely certified without monitoring of pain relief and functional improvement. Therefore the request is not deemed medically necessary.