

Case Number:	CM15-0126147		
Date Assigned:	07/10/2015	Date of Injury:	08/06/1994
Decision Date:	09/21/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/30/2015

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: 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 62 year old female who sustained an industrial injury on 8/6/94. The injured worker was diagnosed as having chronic low back pain, status post multiple surgical wound infections with chronic myofascial contractures and muscle spasm, depression, chronic pain and sleep limited by chronic pain. Currently, the injured worker was with complaints of lumbar pain. Previous treatments included injection therapy, cognitive behavioral therapy, oral pain medication, status post anterior and posterior fusions of L4-L5 and L5-S1, independent exercise program. Previous diagnostic studies included radiographic studies and a magnetic resonance imaging. The injured workers pain level was noted as 8-10/10. Physical examination was notable for limited range of motion due to muscle spasms, tenderness to the thoraco-lumbar junction, lumbar sacral junction, sacroiliac joint, iliotibial band and anterior psoas tendon. Provider documentation noted a signed opiate contract dated 9/17/14. The plan of care was for Lamotrigine immediate release 25 milligrams quantity of 60 and home health care 4 hours a day 3 times a week for 6 weeks quantity of 72 (hours). Notes indicate that since lamotrigine has been discontinued, the patient's anger and pain have worsened. The patient is noted to have neuropathic pain and mood instability. Notes indicate that home health is required to help the patient shower, wash her close, purchase, drive, and perform exercise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lamotrigine IR 25mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-21 of 127.

Decision rationale: Regarding request for Lamotrigine IR 25mg #60, Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is identification of analgesic benefit and objective improvement as a result of this medicine. As such, the currently requested Lamotrigine IR 25mg #60 is medically necessary.

Home health care 4hrs a day 3 times a week for 6 weeks (hours) Qty: 72: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines home health services Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51 of 127.

Decision rationale: Regarding the request for home health care, California MTUS states that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, and medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Within the documentation available for review, there is no documentation that the patient is homebound and in need of specialized home care (such as skilled nursing care, physical, occupational, or speech-language therapy) in addition to home health care. In the absence of such documentation, the currently requested home health care is not medically necessary.