

Case Number:	CM15-0128708		
Date Assigned:	07/31/2015	Date of Injury:	01/16/2002
Decision Date:	09/08/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	07/02/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 56 year old male, who sustained an industrial injury on January 16, 2002. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker is status post a depressed skull fracture with secondary seizures. The injured worker was diagnosed as having traumatic brain injury, alcoholic polyneuropathy, unspecified idiopathic peripheral neuropathy, and other convulsions. Diagnostic studies were not included in the provided medical records. Treatment to date has included two anti-epilepsy medications and an antidepressant medication. There were no noted previous injuries or dates of injury. On May 19, 2015, the treating physician noted that the injured worker's condition had worsened since the last visit. His medications were unchanged since the last visit. The physical exam was unremarkable. The treating physician noted that his seizures are stable. Requested treatments include: Lyrica, Amitriptyline, and Trileptal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica Page(s): 58.

Decision rationale: The California Medical Treatment Utilization Schedule (CMTUS) guidelines recommend anti-epilepsy drugs, also referred to as anti-convulsants, for neuropathic pain (pain due to nerve damage). A 50% reduction in pain is defined as a good response to the use of anti-epilepsy drugs and a 30% reduction in pain is defined as a moderate response. A less than 30% response to the use of anti-epilepsy drugs may prompt a switch to a different first-line agent (tricyclic antidepressants, serotonin-norepinephrine reuptake inhibitors or anti-epilepsy drugs are considered first-line treatment) or combination therapy if treatment with a single drug agent fails. The CA MTUS recommends Pregabalin (Lyrica) as first-line treatment for diabetic neuropathy and postherpetic neuralgia. In this case, the patient is maintained on an anti-epilepsy Trileptal for the treatment of seizures. There is no indication for the use of two anti-epilepsy drugs. In addition, there is no documentation of any functional improvement with the use of Lyrica. Medical necessity for the requested medication is not established. The requested medication is not medically necessary.

Amitriptyline HCL: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) tricyclic antidepressants.

Decision rationale: According to the ODG, tricyclic antidepressants, such as Amitriptyline (Elavil) are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclic antidepressants are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Side effects, including excessive sedation (especially that which would affect work performance) should be assessed. The optimal duration of treatment is not known because most double-blind trials have been of short duration (6-12 weeks). It has been suggested that if pain is in remission for 3-6 months, a gradual tapering of anti-depressants may be undertaken. In this case, there is no documentation of functional improvement with use of this medication. The medication will require tapering to avoid symptoms of withdrawal. Medical necessity for the requested medication has not been established. The medication is not medically necessary.

Trileptal 600mg: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Oxcarbazepine (Trileptal).

Decision rationale: ODG states that Oxcarbazepine (Trileptal) an anti-epilepsy drug (AED), has demonstrated benefits for treating neuropathic pain, specifically trigeminal neuralgia. Evidence for treating other neuropathies is inconclusive. It is not currently recommended for diabetic peripheral neuropathy or post-herpetic neuralgia. In this case, the medication is being used as an AED. This patient has a diagnosis of a seizure disorder and per the documentation, Trileptal is being used as the anti-convulsant. This medication has been proven to be beneficial for the treatment of his condition. Medical necessity for the requested medication has been established. The requested medication is medically necessary.