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| Case Number: | CM15-0173736 | | |
| Date Assigned: | 09/15/2015 | Date of Injury: | 03/26/2003 |
| Decision Date: | 10/15/2015 | UR Denial Date: | 08/27/2015 |
| Priority: | Standard | Application Received: | 09/03/2015 |

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: Preventive Medicine, Occupational 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 is a 60-year-old female who sustained an industrial injury March 26, 2003. Diagnoses have included chronic neck and low back, traumatic brain injury, chronic migraine headaches, right hip pain, major depressive disorder, posttraumatic stress disorder, mood disorder not otherwise specified, and panic disorder. Documented treatment includes medications including Duragesic patches, Dilaudid, Celebrex, Wellbutrin XL, Topamax, and Lamictal. Physician note of August 12, 2015 states medications enable her to "stay functional." The treating physician's plan of care includes Topamax 25 mg which was non-certified; Wellbutrin 150 mg 30 count with 2 refills which was modified to 1 refill; and, Lamictal 200 mg which was non-certified. Current work status is modified duty. Greater than 50% improvement in pain is reported due to medication use. Functional improvements are clearly documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topamax 25mg #120 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain/Medications for Anxiety-PTSD.

Decision rationale: MTUS Guidelines support the use of Topamax for certain chronic pain syndromes. The ODG Guidelines widen the supported indications to include post traumatic stress disorder. This individual has qualifying diagnosis to support the use of Topamax and its benefits are clearly documented. The diagnosis of chronic migraine disorder, trigeminal neuralgia and PTSD are all qualifying diagnosis and appear to be successfully treated in part by the use of Topamax. Under these circumstances, the Topamax 25mg #120 with 2 refills is medically necessary.

Wellbutrin 150mg #30 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

Decision rationale: MTUS Guidelines recommend the use of anti-depressants for chronic pain, in particular when the pain is associated with a depressive disorder, which this patient has been diagnosed with. The Wellbutrin has been utilized for several years and its benefits have been clearly documented by Psychiatric treating physicians and Psychiatric Med-Legal evaluators. Under these circumstances, the Wellbutrin is consistent with Guidelines and the Wellbutrin 150mg #30 with 2 refills is medically necessary.

Lamictal 200mg #30 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain/anti-epilepsy drugs and Other Medical Treatment Guidelines <http://www.rxlist.com/lamictal-drug.htm>.

Decision rationale: MTUS Guidelines allow for the use of dual anti-epilepsy drugs for recalcitrant problems that do not respond to single agent drugs in this classification. This individual has several diagnoses that support the use of Lamictal which include mood disorders, trigeminal neuralgia and Post Traumatic Stress disorder. The combination of drugs are well documented to be adequately beneficial with at least 50% improvement in pain and resumption of ADL's and volunteer work on a near daily basis. Under these circumstances, the Lamictal 200mg #30 with 2 refills is consistent with Guidelines and is medically necessary.