

<b>Case Number:</b>	CM15-0178193		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	08/12/2003
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2015

### 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: 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:

This is a 47 year old male with a date of injury on 8-12-2003. A review of the medical records indicates that the injured worker is undergoing treatment for major depressive affective disorder, recurrent. According to the psychiatric progress report dated 8-10-2015, the injured worker had not been compliant with his medications. He was feeling depressed, angry and on edge. He reported sleeping about four hours each night and two hours during the day. He had feelings of hopelessness and helplessness. His energy was decreased. His concentration was fair. Treatment has included cognitive behavioral therapy and medications. The request for authorization dated 8- 12-2015 was for Wellbutrin and Lamictal. The original Utilization Review (UR) (8-19-2015) denied a request for Lamictal and approved a request for Wellbutrin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lamictal 25 mg #60:** 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 PDR, lamictal.

**Decision rationale:** The ACOEM and the California MTUS does not address the requested service. The physician desk reference states the requested medication is indicated in the treatment of major depression especially with atypical presentation. The patient has documented symptomatic major depression disorder with no contraindications to the medication. Therefore, the request is medically necessary.