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| <b>Case Number:</b>   | CM15-0067728 |                              |            |
| <b>Date Assigned:</b> | 04/15/2015   | <b>Date of Injury:</b>       | 01/12/1999 |
| <b>Decision Date:</b> | 05/14/2015   | <b>UR Denial Date:</b>       | 03/26/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/09/2015 |

### 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

### 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 53 year old man sustained an industrial injury on 1/12/1999. The mechanism of injury is not detailed. Diagnoses include reflex sympathetic dystrophy, knee pain, lumbar spondylosis, and lumbar and thoracic radiculopathy. Treatment has included oral medications, radiofrequency ablation of the lumbar spine, caudal epidural injection, stretching, exercise, heat, cold, and functional restoration program. Physician notes dated 3/16/2015 show complaints of mid cervical and thoracic pain as well as arm, leg, and buttock pain rated 4/10. Recommendations include decrease Lunesta, Cymbalta, Norco, Provigil, Voltaren, discontinue Abilify and begin new mood stabilizer, follow up with psychiatry, and continue physical activity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lamotrigine 25mg tabs #60 per month for 6 months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics 12th ed. McGraw Hill, 2010; Physician's Desk Reference, 68th ed.; www.RXList.com.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs, pages 18-19.

**Decision rationale:** Lamictal (Lamotrigine) is an anti-convulsant prescribed for the treatment of Epilepsy and maintenance of Bipolar Disorder. Although Lamictal has been shown to be effective for treatment of neuropathic pain; however, submitted reports have not adequately demonstrated the specific indication to support for Lamotrigine without clinical findings of neurological deficits or neuropathic pain. Previous treatment with this medication has not resulted in any functional benefit. The Lamotrigine 25mg tabs #60 per month for 6 months is not medically necessary and appropriate.