

<b>Case Number:</b>	CM15-0079273		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	06/01/2012
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	03/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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: Pennsylvania  
 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:

The injured worker is a 64 year old male patient who sustained an industrial injury on 06/01/2012. A pain management follow up visit dated 01/14/2015 reported the patient with subjective complaint of low back pain. He reports attempting several treatments including a transcutaneous nerve stimulator unit, injection to knees, and decompression therapy, all with mixed results. He did state that he received very good results with Anodyne therapy and would like more sessions. Diagnostic testing to include: electric nerve conduction study, magnetic resonance imaging. He is diagnosed with the following: lumbago, lumbar radiculopathy, degenerative disc disease, polyneuropathy, and bilateral knee pain. The plan of care involved: continuing with home exercise program, recommending Anodyne therapy referral, and continue using over the counter Aleve. Another follow up visit dated 02/18/2015 reported the patient currently retired from work. The current medications are: Aleve and Instaflex. The diagnostic impression noted electric nerve conduction study confirmed sensory and motor polyneuropathy; numbness of bilateral feet, and painful gait. The plan of care recommended Tegretol 300mg BID, Anodyne light effect system and follow up visit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tegretol 300mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-21.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-22.

**Decision rationale:** AED's are recommended for neuropathic pain and as a first line therapy for painful polyneuropathy. This worker has confirmed sensory and motor polyneuropathy with numbness of the feet and a painful gait. He has an allergy to Neurontin and failed a trial of Lyrica. Although Tegretol would not be the first AED choice for this worker's neuropathic pain, it is a reasonable option given the failure of Lyrica and allergy to Neurontin.

**Anodyne Light effect system:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot, Laser therapy (LLLT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Low-level laser therapy Page(s): 57.

**Decision rationale:** Anodyne light is an infrared low level laser therapy modality. It is not recommended. The MTUS states that "given the equivocal or negative outcomes from a significant number of randomized clinical trials, it must be concluded that the body of evidence does not allow conclusions other than that the treatment of most pain syndromes with low level laser therapy provides at best the equivalent of a placebo effect."