

Case Number:	CM15-0093283		
Date Assigned:	05/19/2015	Date of Injury:	07/20/2001
Decision Date:	07/01/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/14/2015

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: Internal 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 55-year-old male who sustained an industrial injury on 07/20/2001. Diagnoses include major depression, pain disorder; status post failed back surgery, lumbar facet arthropathy, lumbar spine stenosis and thoracic degenerated disc disease. Treatment to date has included diagnostic studies, medications, and surgery. A physician progress note dated 04/09/2015 documents the injured worker continues to deal with chronic back pain. He is taking Pristiq 150mg every am and it is helpful for the depression, but he does continue to struggle with depression. He spends 50% of his time in bed because of pain and depression. His pain management physician has started him on Percocet for pain. There was a discussion regarding the addition of Lamictal to target the chronic depression. He would like to research it more before starting this medication. He occasionally takes Ativan 0.5mg for anxiety and sleep, usually twice a month. On 03/31/2015 a physician progress note documents the injured worker has ongoing pain in his lower back radiating to his lower extremities. He has constant sharp, dull, aching and pressure type of pain in the lower back. He rates it as 9 out of 10 on a bad day and 4 out of 10 on a good day. There is tenderness to palpation of the lumbar spine. Lumbar range of motion is restricted, and bilateral lumbar spasm is present. Sitting Straight Leg Raise is positive on the right and left. He has a mildly antalgic gait. Treatment requested is for Lamictal 25 mg #10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lamictal 25 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antiepilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Pages 16-20. Lamotrigine (Lamictal) Page 56. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Lamotrigine (Lamictal), Anti-epilepsy drugs (AEDs) for pain.
http://www.accessdata.fda.gov/drugsatfda_docs/label/2009/020241s037s038,020764s030s0311b1.pdf.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines indicates that Lamotrigine (Lamictal) has been proven to be moderately effective for treatment of trigeminal neuralgia, HIV, and central post-stroke pain. It has not been shown to be effective for diabetic neuropathy. Due to side effects and slow titration period, Lamotrigine is not generally recommended as a first-line treatment for neuropathic pain. Furthermore, a recent Cochrane review determined that although there is some evidence that Lamotrigine may be effective for HIV neuropathy and post-stroke pain, this drug does not have a "significant place in therapy at present." This was partly due to the availability of more effective treatments including other AEDs and antidepressants. Official Disability Guidelines (ODG) Pain (Chronic) indicates that Lamotrigine (Lamictal) is not generally recommended as a first-line treatment for neuropathic pain. FDA Prescribing Information indicates that Lamictal is an antiepileptic drug (AED) indicated for epilepsy and bipolar disorder. The request for authorization dated 4/29/15 documented the diagnoses of major depression and pain disorder and a request for Lamictal 25 mg. The 4/9/15 psychiatry report documented a discussion of the possible addition of Lamictal to target chronic depression. No diagnosis of epilepsy was documented. No diagnosis of bipolar disorder was documented. The failure of other antiepileptic drug was not documented. MTUS and FDA guidelines do not support the request for Lamictal. Therefore, the request for Lamictal is not medically necessary.