

Case Number:	CM15-0094469		
Date Assigned:	05/21/2015	Date of Injury:	12/01/2004
Decision Date:	06/25/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/18/2015

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: Texas, California

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 50-year-old male injured worker suffered an industrial injury on 12/01/2004. The diagnoses included depression. The injured worker had been treated with medications. On 3/16/2015, the treating provider reported crying spells and poor sleep and feelings of hopelessness. He isolated himself by staying at home. The treatment plan included Lamictal. Per the doctor's note dated 1/8/15 patient had complaints of loss of mental sharpness, poor concentration. The patient has had no suicidal ideation and psychomotor retardation The medication list include Lamictal, Nuvigil, Brintellix (vortioxetine), Zanaflex, Colace, Soma, Nexium, Lyrica, Lunesta and Latuda (lurasidone). Patient has received an unspecified number of PT visits for this injury

IMR ISSUES, DECISIONS AND RATIONALES

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

Lamictal 50mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page Number 16 Lamotrigine (Lamictal, generic available)Page 20. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Anti-epilepsy drugs (AEDs) for pain Pain (updated 06/15/15)Mental Illness & Stress (updated 03/25/15) PTSD pharmacotherapy.

Decision rationale: Lamictal 50mg #60As per cited guideline, "Anti-epilepsy drugs (AEDs) are also referred to as anti-convulsants. Recommended for neuropathic pain. (Pain due to nerve damage)." "Lamotrigine (Lamictal, generic available): has been proven to be moderately effective for treatment of trigeminal neuralgia, HIV, and central post-stroke pain; Due to side-effects and slow titration period, lamotrigine is not generally recommended as a first-line treatment for neuropathic pain." (Dworkin, 2003) (ICSI, 2007) "PTSD pharmacotherapy: There is insufficient evidence to recommend a mood stabilizer (e.g., lamotrigine) for the treatment of PTSD. (Hertzberg, 1999)"Any evidence of neuropathic pain was not specified in the records provided and is not generally recommended as a first-line treatment for neuropathic pain. The medical necessity of the request for Lamictal 50mg #60 is not medically necessary for this patient.