

Case Number:	CM15-0098348		
Date Assigned:	05/29/2015	Date of Injury:	01/04/2010
Decision Date:	07/14/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/21/2015

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:

The injured worker was a 46-year-old female, who sustained an industrial injury, January 4, 2010. The injured worker previously received the following treatments psychiatric care, Valerian, Norco, Ibuprofen, Lamictal, Trazodone, random laboratory toxicology studies were negative for any unexpected findings on February 4, 2015, and home exercise program. The injured worker was diagnosed with cervical spine with chronic pain in the neck and low back due to degenerative spondylosis of the cervical and lumbar spine, chronic pain, depression, anxiety, insomnia, chronic low back pain, chronic neck pain and pseudoseizures. According to progress note of April 21, 2015, the injured workers chief complaint was neck and lumbar spine pain. The injured worker had partial pain relief from current analgesic mediations. The current medications maximized the injured workers level of physical function and improved the quality of life. The physical exam noted association of chronic pain and emotional instability. The poor quality of sleep was making it hard for the injured worker to perform during the day, which included poor coping with chronic pain. The treatment plan included prescriptions for Lamictal and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Lamictal 100mg #60 with 12 refills (script dated 12/19/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 21.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain Chapter, Anti-epilepsy drugs (AEDs) for pain.

Decision rationale: The patient presents with pseudoseizures, low back and neck pain, and insomnia. The request is for LAMITRAL 100 MG #60 WITH 12 REFILLS. Per 04/21/15 progress report, patient's diagnosis include chronic low back pain, degenerative lumbar spondylosis, myofascial pain syndrome, pain disorder with psychological / general medical condition, insomnia present due to chronic pain, chronic neck pain, degenerative cervical spondylosis, chronic pseudoseizures, psychiatric disorder. Patient's medications, per 01/30/15 progress report include Norco, Ibuprofen, Lamictal, and Tridazone. Patient is permanently disabled. Lamotrigine (Lamictal, generic available) has been proven to be moderately effective for treatment of trigeminal neuralgia, HIV, and central post-stroke pain; (Backonja, 2002) (Namaka, 2004) (Maizels, 2005) (ICSI, 2005) (Dworkin, 2003) (Wiffen-Cochrane, 2007). 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. (Dworkin, 2003) (ICSI, 2007) 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 effect treatments including other AEDs and antidepressants. (Wiffen-Cochrane, 2007) Treater has not discussed this request. Patient has received prescriptions for Lamictal from 09/26/14 and 04/21/15. In this case, treater has not stated how Lamictal decreases pain and significantly improves patient's activities of daily living. Furthermore, the ODG Guidelines recommend Lamictal for treatment of trigeminal neuralgia, HIV, and central post- stroke pain and not for other conditions like chronic pain and pseudoseizure. The request is not in line with guideline recommendations and therefore, it IS NOT medically necessary.

Retrospective Norco 10/325mg #45 (script dated 4/21/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with pseudoseizures, low back and neck pain, and insomnia. The request is for NORCO 10/325 MG #45. Per 04/21/15 progress report, patient's diagnosis include chronic low back pain, degenerative lumbar spondylosis, myofascial pain syndrome, pain disorder with psychological / general medical condition, insomnia present due to chronic pain, chronic neck pain, degenerative cervical spondylosis, chronic pseudoseizures, psychiatric disorder. Patient's medications, per 01/30/15 progress report include Norco, Ibuprofen, Lamictal, and Tridazone. Patient is permanently disabled. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-

month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Treater has discussed this request. Patient has received prescriptions for Norco from 09/26/14 and 04/21/15. In progress report dated 04/21/15, it is noted that the patient can drive 50 minutes, sit for 60 minutes, walk 40 minutes and lift 15 pounds with analgesic medications. In this case, treater has adequately discussed ADLs. However, there are no discussions regarding adverse effects, aberrant drug behavior and specific ADL's, etc. No opioid pain agreement or CURES reports, either. UDS results dated 01/30/15 showed negative results for opioids, even though the patient has been taking Norco at east since 09/26/14. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.