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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:
Sept/5/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Lamotrigine

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Board Certified Neurology

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

[X] Upheld (Agree)

[ ] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

PATIENT CLINICAL HISTORY [SUMMARY]:
The patient is a female who sustained an injury on xx/xx/xx. No specific mechanism of injury was noted. From the clinical documentation submitted for review the patient had normal EEG in 2001 and 2009. MRI of the brain was normal. The patient was utilizing multiple medications including Klonipin Lamictal and venlafaxine since 10/13. As of 06/10/14 the patient had two seizures and approximately eight spells per month of unresponsiveness and spinning symptoms. The patient reported Lamictal well with no side effect. On physical examination no neurological deficits were noted with exception with some sensory loss on top of left foot. The patient ambulated with mild left antalgic gait. On 07/08/14 no changes in symptoms were reported. There was no indication of any recurrent seizure activity. Physical examination was unchanged at this visit. Laboratory results were unremarkable. The patient reported that her spells were helped with Lamictal and the patient was recommended to titrate 300mg twice daily. Per the letter of medical necessity from 07/16/14 the patient was utilizing Lamictal since 2005 and there was a chance of increased seizure activity when not taking it. The requested Lamictal was denied by utilization review on 08/05/14 there was insufficient evidence of seizure issues with normal EEG and no clear detail of ongoing medication management given the absence of objective findings of seizure activity.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:
In review of clinical documentation submitted for review the patient was followed for seizure like spells over an extended period of time since the date of injury. Prior diagnostic testing was normal. None of the prior EEG or other diagnostic testing was made available for review but was documented in the clinical records. Although the patient continued to report seizure like spells there has been no documented objective evidence of seizure activity for this patient. Lamictal is FDA indicated for the treatment of seizure disorders. Given the relatively

insufficient objective findings for ongoing true epileptic seizure activity for this patient or seizures secondary to a type of or seizures due to organic brain disease it is the opinion of this reviewer that medical necessity for the medication has not been established at this time. As such the prior denials are upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

[ ] ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

[ ] AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

[ ] DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

[ ] EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

[ ] INTERQUAL CRITERIA

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

[ ] PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

[ ] TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

[ ] TEXAS TACADA GUIDELINES

[ ] TMF SCREENING CRITERIA MANUAL

[X] PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

Lamictal. (2013). In Physicians' desk reference 67th ed.

[ ] OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)