

Case Number:	CM13-0034327		
Date Assigned:	12/06/2013	Date of Injury:	04/22/2012
Decision Date:	02/28/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Emergency Medicine and is licensed to practice in Maryland, New York and Tennessee. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 34-year-old male who injured his ankle on April 22, 2012 when he stepped into a hole. The patient continued to complain of persistent pain to his left ankle. MTI of his ankle confirmed partial tear of the anterior talofibular ligament, sprained deltoid ligament, mild strain of the posterior tibial tendon, and probable bony contusion of the talus/medial malleolus. The diagnosis was a sprain/strained ankle. The patient was treated with physical therapy, an ankle brace, and medications. The request for authorization for Divalproex 500 mg \hat{A} ½ to 1 by mouth 1-2 times daily #60 and Tramadol ER 150, by mouth twice daily #60 was received on September 9, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Divalproex 500 mg 1½ to 1 by mouth 1-2x daily #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-17.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interventions Page(s): 16-22.

Decision rationale: Divalproex is an anti-epileptic drug. Antiepileptic drugs are recommended for neuropathic pain. Most randomized controlled trials for the use of this class of medication

for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy. Gabapentin and Pregabalin are recommended for neuropathic pain or painful polyneuropathy. The antiepileptic medications recommended for treatment are Gabapentin, Pregabalin, Lamotrigine, Carbamazepine, Oxcarbazepine, Phenytoin, Topamax, and Levetiracetam. There are no comments in the Chronic Pain Medical Treatment Guidelines regarding the use of Divalproex. The medication is not authorized for use. There is no information to allow determination for medical necessity and safety.

Tramadol ER 150mg 1 tab by mouth, 2x daily #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions Page(s): 76-96.

Decision rationale: Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioids should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain or function. It is recommended for short term use if first-line options, such as acetaminophen or NSAIDs have failed. Tramadol is a synthetic opioid affecting the central nervous system. It has several side effects which include increasing the risk of seizure in patients taking SSRI's, TCA's and other opioids. In this case the medication was not prescribed for short term use and the criteria for opioid use were not met.