MAXIMUS Federal Services

Case Number:	CM13-0044514		
Date Assigned:	12/27/2013	Date of Injury:	04/14/2002
Decision Date:	04/24/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	10/30/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation has a subspecialty in Pediatric Rehabilitation Medicine and is licensed to practice in Texas. 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/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 42-year-old female who reported an injury on 03/03/2002. The mechanism of injury involved heavy lifting. The patient is currently diagnosed with chronic low back pain and history of multiple lumbar surgeries in 2004 and 2007 with a fusion at L4-5 and hardware removal. The patient was recently seen by [redacted] on 12/10/2013. The patient reported persistent lower back pain with radiation to bilateral lower extremities. The patient also reported severe depression and anxiety. Current medications included Butrans, Motrin, omeprazole, divalproex sodium, Colace, Buspar, amitriptyline, and Senokot S. Objective findings included ongoing tenderness to the lumbar paraspinal muscles. Treatment recommendations at that time included continuation of current medications including divalproex sodium 250 mg tablets #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 DIVALPROEX SODIUM 250MG WITH 4 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-17. Decision based on Non-MTUS Citation WWW.NLM.NIH.GOV. U.S. NATIONAL

LIBRARY OF MEDICINE. U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES NATIONAL INSTITUTES OF HEALTH. UPDATED: 27 MARCH 2014.

Decision rationale: The California MTUS Guidelines state anti-epilepsy drugs are recommended for neuropathic pain. Divalproex sodium is used alone or with other medications to treat certain types of seizures. Divalproex sodium is also used to treat mania in patients with bipolar disorder as well as migraine headaches. As per the documentation submitted, the patient had utilized divalproex sodium 250 mg, 2 tablets per day, since at least 11/2012. However, there is no documentation of a psychological examination. There is no evidence of functional improvement as a result of the ongoing use of this medication. The patient does not maintain a diagnosis of migraine disorder or bipolar disorder. Therefore, the patient does not meet criteria for the use of this medication. Based on the clinical information received the request for 60 DIVALPROEX SODIUM 250MG WITH 4 REFILLS is non-certified.