

<b>Case Number:</b>	CM13-0051779		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/08/2003
<b>Decision Date:</b>	03/11/2014	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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 Family Practice 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 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 60-year-old female who reported an injury on 09/08/2003. The mechanism of injury was a head injury. The patient was diagnosed with epilepsy. The patient had intractable epileptic seizure that were monitored on an epilepsy monitoring unit with seizures recorded on the right temporal region. An attempt was made to catheterize to left internal carotid artery; however, because of tortuous vascular anatomy, this could not be done without difficulty, which could have put the patient at risk. An electroencephalogram showed no evidence of significant cross circulation. A physical examination revealed no acute distress. A review of symptoms was negative. The patient was recommended continuation of medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Lamotrigine 200mg:**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, Anticonvulsants; <http://www.guideline.gov/>.

**Decision rationale:** CA MTUS/ACOEM does not address medications for epilepsy. The Official Disability Guidelines state anticonvulsants are recommended for adults with severe traumatic brain injuries, prophylaxis with phenytoin is effective in decreasing the risk for early post-traumatic seizures, and can be administered for 1 to 2 weeks without significant increase in drug-related side effects. Anti-epileptic drug prophylaxis is not shown to be effective in decreasing risk of late post-traumatic seizures, or is it associated with a reduction in mortality rate of neurological disability. The National Guideline Clearing House states lamotrigine is a first-line pharmacological treatment for focal seizures with carbamazepine, phenytoin, phenobarbital, primidone, or valproate. Safety and effectiveness of Lamictal have not been established as initial monotherapy. The patient continued to have seizures. However, there was a lack of objective improvement with the use of this medication. As such, the request is non-certified.

**Levetiracetam 500mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, Anticonvulsants; <http://www.guideline.gov/>.

**Decision rationale:** CA MTUS/ACOEM does not address medications for disease epilepsy. The Official Disability Guidelines state anticonvulsants are recommended for patient with severe traumatic brain injury, prophylaxis with phenytoin is effective in decreasing the risk for early post-traumatic seizures, and can be administered for 1 to 2 weeks without significant increase in drug-related side effects. The National Guideline Clearing House states Keppra is indicated as an adjunctive therapy in the treatment of partial onset seizures in adults with epilepsy. The patient continued to have seizures. However, the clinical documentation submitted for review indicated that the medication did not provide any significant benefit. Also, the patient believed the medication was causing nausea and hair loss. Given the lack of documentation to support guideline criteria, the request is non-certified.

**MRI of Brain high resolution without contrast:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, MRI (magnetic resonance imaging).

**Decision rationale:** CA MTUS/ACOEM does not address MRIs of the brain. The Official Disability Guidelines state indications for MRIs of the brain include neurological deficits not explained by a CT scan, to evaluate prolonged interval of disturbed consciousness, and to define evidence of acute changes superimposed on previous trauma or disease. The patient continued to

have some seizures. However, the documentation does not indicate a change in the patient's symptoms. Given the lack of documentation to support guideline criteria, the request is non-certified.