

Case Number:	CM13-0061231		
Date Assigned:	12/30/2013	Date of Injury:	07/26/2006
Decision Date:	04/07/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/04/2013

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 49-year-old male who reported an injury on 07/26/2006. The mechanism of injury involved a motor vehicle accident. The patient is currently diagnosed with localization related epilepsy with complex partial seizures. The patient was seen by [REDACTED] on 06/13/2013. The patient reported vertigo and headaches. Physical examination revealed normal findings. The treatment recommendations included continuation of Tegretol and Vimpat.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tegretol 200mg #360 w/ 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drug Page(s): 16-21.

Decision rationale: California MTUS Guidelines state Tegretol has been shown to be effective for trigeminal neuralgia and has been FDA approved for this indication. As per the documentation submitted, the patient has continuously utilized this medication. However, the patient does not maintain a diagnosis of trigeminal neuralgia. Therefore, the patient does not meet criteria for the requested medication. As such, the request is non-certified

Vimpat 100mg #180 w/ 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drug Page(s): 16-17.

Decision rationale: California MTUS Guidelines state anti-epilepsy drugs are recommended for neuropathic pain. As per the documentation submitted, the patient maintains a diagnosis of localization related epilepsy. The patient has continuously utilized this medication. However, the patient continues to report persistent headaches and vertigo as a result of the ongoing use of this medication. The medical necessity for 2 separate anticonvulsant medications has not been established. Based on the clinical information received, the request is non-certified.