

Case Number:	CM13-0066175		
Date Assigned:	01/03/2014	Date of Injury:	11/13/2003
Decision Date:	06/24/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/16/2013

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 & Rehabilitation, and is licensed to practice in California. 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 injured worker is a 43-year-old male who reported an injury on 11/13/2003. The mechanism of injury was a trip on a loose screw and a fall. The injured worker underwent right shoulder arthroscopic surgery in 07/2007 and on 04/18/2005. The documentation of 09/16/2013 revealed the injured worker's pain was 4/10 and constantly in the low back. The diagnoses included lumbar strain or sprain, lumbar facet syndrome, lumbosacral radiculopathy, chronic pain, shoulder sprain/strain, shoulder impingement, shoulder capsulitis, sacroiliitis NEC. The treatment plan included starting divalproex 500 mg 1/2 to 1 tablet by mouth 1 to 2 times a day for nerve pain dispense 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

DIVAPROEX 500 MG (DEPAKOTE) 1/2 TO 1 BY MOUTH, 1 TO 2 TIMES A DAY:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINESS, ANTIEPILEPSY DRUGS, 16

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Antiepileptic Drugs Page(s): 16.

Decision rationale: The California MTUS Guidelines recommend anti-epileptic medications as first line treatment for neuropathic pain. The clinical documentation submitted for review failed to indicate the injured worker had neuropathic pain. There was a lack of documentation of symptomatology to support neuropathic pain. The request as submitted failed to indicate the quantity of medication being requested. This was a new medication for the injured worker. Given the above, the request for divalproex 500 mg (Depakote) 1/2 to 1 by mouth 1 to 2 times a day is not medically necessary.