

<b>Case Number:</b>	CM14-0106407		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	07/27/2011
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	06/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2014

### 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 Occupational Medicine 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 applicant is a represented International [REDACTED] employee who has filed a claim for chronic neck pain and posttraumatic headaches reportedly associated with an industrial injury of July 21, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; unspecified amounts of physical therapy over the life of the claim; earlier shoulder surgery; and extensive periods of time off of work. In a Utilization Review Report dated June 30, 2014, the claims administrator denied a request for Fioricet and Depakote. The claims administrator stated Depakote was not indicated in the treatment of migraine headaches. The applicant's attorney subsequently appealed. In a progress note dated June 26, 2014, the applicant reported persistent complaints of headaches, neck pain, and right upper extremity pain, 5-7/10. The applicant was not working, it was acknowledged. The applicant was using hydrocodone for pain relief. The applicant's headaches were reportedly secondary to a contusion injury. The applicant was placed off of work, on total temporary disability. MRI imaging of the brain, MRI imaging of the cervical spine, and electrodiagnostic testing of the bilateral upper extremities were sought. In a handwritten note dated June 21, 2014, the applicant again reported 6-10/10 headaches and neck pain. The note was very difficult to follow. The applicant was described as using Vicodin for pain relief. It appears that prescriptions for Depakote and Fioricet were endorsed, seemingly on a first-time basis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Depakote 250mg BID #60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs topic. Page(s): 16. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Depakote Medication Guide.

**Decision rationale:** As noted on page 16 of the MTUS Chronic Pain Medical Treatment Guidelines, antiepilepsy drugs such as Depakote are recommended for neuropathic pain. In this case, the applicant apparently has ongoing complaints of neck pain radiating to the arm, which do represent neuropathic (radicular) pain. It is further noted that the applicant is also apparently using Depakote for migraine headache prophylaxis. The MTUS does not address the topic of migraine headache prophylaxis. However, the Food and Drug Administration does acknowledge that Depakote is "indicated" in the prophylaxis of migraine headaches, as are apparently present here. The request in question did represent a first-time request for Depakote. A trial of the same was indicated, given ongoing symptoms of migraines manifested on and around the date in question. Therefore, the request is medically necessary.

**Fioricet 1-2 BID PRN headaches #50:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs) Page(s): 23.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-Containing Analgesics topic. Page(s): 23.

**Decision rationale:** As noted on page 23 of the MTUS Chronic Pain Medical Treatment Guidelines, barbiturate-containing analgesics such as Fioricet are "not recommended" in the chronic pain context which was present here on and around the date in question owing to the high potential for drug dependence. In this case, no rationale for selection of Fioricet in the face of the unfavorable MTUS position on the same was proffered by the attending provider. Therefore, the request is not medically necessary.