

Case Number:	CM14-0013317		
Date Assigned:	02/26/2014	Date of Injury:	04/17/2001
Decision Date:	07/02/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/03/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 57-year-old female who reported an injury on 04/17/2001. The mechanism of injury was not provided in the documentation. Per the clinical note dated 12/04/2013, the injured worker reported continued pain to her left hand rated at 8/10. Physical exam reported the injured worker was alert and oriented. Left hand wrapped in a glove inside of a towel with guarding behavior was noted. The injured worker was reported to have CRPS, left greater than right in the upper extremities. The injured worker was reported to have a spinal cord stimulator. Diagnoses for the injured worker included CRPS with current spinal cord stimulator, right 3rd and 4th trigger fingers, right lateral epicondylitis, and right extensor tendinitis. The request for authorization for medical treatment for the retrospective Keppra 500 mg #210 was not provided in the documentation. The provider's rationale for the retrospective Keppra was also not provided within the documentation. In addition, prior treatments reported were medications and she had a spinal cord stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE (DOS: 12/10/13): KEPPRA 500MG, #210: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs, levetiracetam Page(s): 16-17, 22.

Decision rationale: Per CA MTUS guidelines, antiepileptic medications are recommended for neuropathic pain; however, after initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The guidelines note that while Keppra may be effective for neuropathic pain, the ultimate role of these agents for pain requires further research and experience. In the interim, these agents should be used to treat neuropathic pain only when carbamazepine, gabapentin, or lamotrigine cannot be used. In addition, underlying depression and anxiety symptoms may be exacerbated by levetiracetam. The guidelines further note that for CRPS gabapentin has been recommended. There was a lack of documentation regarding other medications utilized for the injured worker and the efficacy of those medications. There was a lack of diagnosis regarding other neuropathies that would support the use of the Keppra. In addition, the injured worker was reported to have a diagnosis of CRPS for which the guidelines recommend gabapentin. Therefore, the retrospective request (dos: 12/10/13) for Keppra 500mg, #210 is not medically necessary.