

<b>Case Number:</b>	CM14-0015537		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	01/28/2010
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	01/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### 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 Internal 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:

This is a 51-year-old male with a 01/28/2010 date of injury. A specific mechanism of injury was not described. 1/9/14 determination was non-certified given that the patient was still on Keppra (despite prior modification of the medication to initiate weaning) and no attempt at weaning was being made, and there was no indication as to how the medication was providing any functional gains. The determination also states that an additional previous determination provided a modified certification for Keppra for weaning purposes, given that the patient was on Lyrica and Keppra and the requesting provider did not feel that the patient needed both. 1/28/14 and 1/3/14 medical reports indicate that the patient had a history of left shoulder and bilateral wrist pain. She tried to reduce and come off of Keppra but the pain increased and she continued to take it. She was still needing Oxycontin and Xanax up to 3 times per day, she reported continued pain in the neck with radiation to her left shoulder. Objective findings include a non-antalgic gait, and a positive median nerve entrapment test as well as a right wrist brace. Both reports identify that the patient continues also taking Lyrica. Records indicate that the patient has been on Kepra since at least 2011.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**REFILL KEPPRA TABLET 500 MG #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDs) Page(s): 16-21.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines page 22  
Page(s): 22.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines states that Keppra should be used to treat neuropathic pain only when carbamazepine, gabapentin, or lamotrigine cannot be used. There is indication of neuropathic pain. There is also documentation that at the time of a previous determination a modification was rendered for a modification of Keppra to allow weaning, given that the patient was also on Lyrica and the treating physician did not think that the patient required both medications. The following the determination (and the one in dispute) was non-certified given that no attempt at weaning was being made, and there was no indication as to how the medication was providing any functional gains. Records provided indicate that the patient has been on Keppra since 2011. There was no indication from the treating provider of the necessity of continued use of Keppra and Lyrica. In addition, it was not clear if other first line medication have been tried unsuccessfully, as indicated by guidelines. However, there were two medical reports provided that state that the patient tried to reduce and come off of Keppra but the pain increased and she continued to take it. Considering the failure of attempts at weaning, continuation of Keppra was medically necessary. Certification is provided to allow an opportunity for submission of medication compliance guidelines. Otherwise, this timeframe should be used to initiate downward titration and complete discontinuation of medication secondary to medication guideline non-compliance. Given the above the request is medically necessary.