

<b>Case Number:</b>	CM14-0017825		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	10/16/2000
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	02/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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 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:

According to the records made available for review, this is a 51-year-old male with a 10/16/00 date of injury. At the time (12/12/13) of request for authorization for Depakote 1000mg, #90, there is documentation of subjective (ongoing constant headaches with side-effects of nausea and dizziness with current medications, and difficulty performing activities of daily living) and objective (decreased cervical range of motion with myofascial trigger points and taut bands throughout the cervical paraspinal, trapezius, levator scapulae, scalene and infraspinatus musculature; positive Romberg's test, decreased sensation in the L4-5 dermatomes bilaterally, weakness with dorsiflexion and plantar flexion in both feet, and decreased ankle, knee and biceps reflexes) findings, current diagnoses (chronic daily headaches, status post 2 cervical spine surgeries, and status post lumbar spine surgery at multiple levels with worsening of pain, numbness and weakness of bilateral lower extremities), and treatment to date (Depakote since at least 3/4/13). In addition, medical report plan identifies continue Depakote for treatment of chronic vascular daily headaches. There is no documentation of neuropathic pain, pain relief (a "good" response defined as a 50% reduction in pain and a "moderate" response as a 30% reduction), as well as improvement in function as a result of use of Depakote. &#8195;

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DEPAKOTE 1000MG, #90:** 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 GUIDELINES, ANTI-EPILEPSY DRUGS,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-17. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain (pain due to nerve damage) as criteria necessary to support the medical necessity of anti-epilepsy drugs (AEDs). In addition, MTUS identifies that after initiation of treatment with AEDs there should be documentation of pain relief (a "good" response defined as a 50% reduction in pain and a "moderate" response as a 30% reduction) and improvement in function as well as documentation of side effects incurred with use. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of chronic daily headaches. In addition, there is documentation of a plan identifying to continue Depakote for treatment of chronic vascular daily headaches. Furthermore, there is documentation that side effects incurred with previous use of Depakote (dizziness and nausea). However, there is no documentation of neuropathic pain. In addition, given documentation of subjective findings (ongoing constant headaches) and ongoing treatment with Depakote since at least 3/4/13, there is no documentation of pain relief (a "good" response defined as a 50% reduction in pain and a "moderate" response as a 30% reduction) as well as improvement in function as a result of use of Depakote. Therefore, based on guidelines and a review of the evidence, the request for Depakote 1000mg, #90 is not medically necessary.