

Case Number:	CM14-0136483		
Date Assigned:	09/03/2014	Date of Injury:	10/06/2012
Decision Date:	10/02/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	08/25/2014

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 and Rehabilitation has a subspecialty in Interventional Spine 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 patient is a 44-year-old male with a date of injury of 10/06/2012. The listed diagnoses per [REDACTED] are: 1. Psychotic disorder. 2. Personality change due to general medical condition. 3. Traumatic brain injury. According to progress report 07/29/2014, the patient presents with traumatic brain injury and continues to require maximum assistance with all functional tasks secondary to being impulsive, decreased thought organization, and poor recall of new information. Verbal has improved from moderate complex to minimal/moderate assisted for simple information. The treater recommends the medication, Depakote, and laboratory studies. Utilization review modified the certification for the lab studies on 08/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valproic Acid Levels: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult. Mosby Inc., Depakote/Divalproex Sodium

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: This patient presents with traumatic brain injury. The treater has recommended the medication Depakote "a mood stabilizing medication helpful in controlling extremes of mood due to traumatic brain injury." Treater is requesting valproic acid levels to be tested once every 2 months for 1 year. Utilization modified the certification to only 1 test "to measure the amount of medication in his blood." Depakote treats acute manic episodes associated with bipolar disorder. Depakote.com has the following regarding the medication, "Depakote can cause serious side effects, including: Serious liver damage that can cause death, especially in children younger than 2 years old. The risk of getting serious liver damage is more likely within the first 6 months of treatment." This medication can cause major liver damage and the treater's request for Valproic acid level testing is reasonable therefore Valproic acid levels is medically necessary.

CBC w/ Diff: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: This patient presents with traumatic brain injury from a fall off a ladder on 10/06/2012. The treater is requesting CBC and liver and kidney function panel once every 6 months for one year. Utilization review modified the certification to one test only. The MTUS, ACOEM, and ODG Guidelines do not specifically discuss routine Lab testing. However, the MTUS Guidelines page 70 does discuss "periodic lab monitoring of CBC and chemistry profile including liver and renal function tests." MTUS Guideline states monitoring of CBC is recommended when patient is taking NSAIDs. Given the patient's medication regimen, which includes Depakote 500 mg, Celexa 20 mg, diclofenac 100 mg, Valium 10 mg, and Hydrocodone/acetaminophen 325 mg, CBC testing with liver and kidney function panel is reasonable therefore CBC w/ Diff is medically necessary.

Liver Function Panel: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: This patient presents with traumatic brain injury from a fall off a ladder on 10/06/2012. The treater is requesting CBC and liver and kidney function panel once every 6 months for one year. Utilization review modified the certification to one test only. The MTUS, ACOEM, and ODG Guidelines do not specifically discuss routine Lab testing. However, the MTUS Guidelines page 70 does discuss "periodic lab monitoring of CBC and chemistry profile including liver and renal function tests." MTUS Guideline states monitoring of CBC is

recommended when patient is taking NSAIDs. Given the patient's medication regimen, which includes Depakote 500 mg, Celexa 20 mg, diclofenac 100 mg, Valium 10 mg, and Hydrocodone/acetaminophen 325 mg, CBC testing with liver and kidney function panel is reasonable therefore liver function panel is medically necessary.

Kidney Function Panel: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: This patient presents with traumatic brain injury from a fall off a ladder on 10/06/2012. The treater is requesting CBC and liver and kidney function panel once every 6 months for one year. Utilization review modified the certification to one test only. The MTUS, ACOEM, and ODG Guidelines do not specifically discuss routine Lab testing. However, the MTUS Guidelines page 70 does discuss "periodic lab monitoring of CBC and chemistry profile including liver and renal function tests." MTUS Guideline states monitoring of CBC is recommended when patient is taking NSAIDs. Given the patient's medication regimen, which includes Depakote 500 mg, Celexa 20 mg, diclofenac 100 mg, Valium 10 mg, and Hydrocodone/acetaminophen 325 mg, CBC testing with liver and kidney function panel is reasonable therefore kidney function panel is medically necessary.