

<b>Case Number:</b>	CM14-0178359		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	09/14/2011
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	09/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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 Family Medicine and is licensed to practice in Florida. 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 an adult female who suffered a work related traumatic brain injury on 9/14/2011. A 9/18/2014 Neurology progress note is provided. It states that the patient is present for a follow up on his TBI (Traumatic Brain Injury) with OSA (Obstructive Sleep Apnea) aggravation, headaches, epilepsy, and depression. Regarding the patient's home medications, the note states that the patient "did not bring his list." Allergies are listed to "DPH, CBZ, Keppra, Lamictal all cause rash." The physical exam's neurologic exam portion of this note stated the following abnormalities: "Vibration was slightly decreased in the toes." And "facial strength testing showed decreased NLF." HEENT (Head, Ears, Eyes, Nose, and Throat) exam showed ptosis more on the right than on the left. The Cardiac exam showed a 2/6 systolic murmur. The assessment and plan portion of this note states the following diagnoses: TBI with secondary CSF leak - the latter quiescent after one bout of bacterial meningitis, OBS (Organic Brain Syndrome) secondary to TBI, Epilepsy secondary to TBI with signs on exam of recent stroke, OSA-aggravated by TBI, Severe inappropriate day time somnolence, new onset of cog wheeling on the left, new loss of vibration sense on the toes, heart murmur, hypertension, peripheral vascular disease, shoulder pain with history of fracture of the right scapular wing, cervical and lumbar radiculopathies. The Neurologist states that, "the patient probably sustained a seizure recently given the loss of tone on the right. Another cause of this could be stroke form an embolus..." For further evaluation of these possibilities he states that he has ordered an MRI of the Brain, a CTA of the Head and Neck, and a bubble Echocardiogram. He also states that he has asked for "prolactin and AED levels." AED levels are Antiepileptic Drug Levels. The note does not state what antiepileptic drugs this patient is currently taking. It does, however, list Lamictal as an allergy. The fact that an ammonia level was requested is not mentioned in this progress note. A repeat polysomnogram is also requested to rule out narcolepsy or worsening of his OSA

(Obstructive sleep apnea.) An MRI of the C-Spine and Right shoulder was also requested. Review of prior records shows that a 6/2014 Neurology progress note also requested AED levels and a prolactin level. A 4/30/14 Neurology progress note states that he is taking Lamictal. It is also mentioned that he has had low levels of Lamictal, and that the last time he had a "descent level was in 7/2013." A utilization review physician did not approve this request for Lamictal and Ammonia levels stating that the reason for the request "was not documented in the clinical records submitted with this request." Likewise, an independent medical review has been requested to determine the medical necessity of these requested lab studies.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Lamictal Level:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: AAFP (American Academy of Family Physicians) Usefulness of Measuring Antiepileptic Medication Blood Levels in Patients with Epilepsy. Am Family Physician. 2010 Nov 1;82(9):1070

**Decision rationale:** The California MTUS guidelines, ACOEM, and ODG are all silent on the issue of antiepileptic drug levels in this situation. Likewise, outside guidelines were referenced. Regarding the request for a Lamictal drug level, the documentation actually lists Lamictal as an allergy as of the last progress note in 9/2014. This progress note does not specify which antiepileptic medications this patient is currently taking. Likewise, the medical necessity of a Lamictal drug level is not established based off the documentation that has been made available.

**Ammonia Level:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation "What is the utility of measuring the serum ammonia level in patients with altered mental status?" Cleveland Clinic Journal of Medicine 2009. Hesham M. Elgouhari, MD. Assistant Professor of Medicine, Hesham M. Elgouhari, MD, Robert O'Shea, MD, MSC. 10.3949/ccjm.76a.08072 Cleveland Clinic Journal of Medicine April 2009 vol. 76 4 252-254

**Decision rationale:** The California MTUS guidelines, ACOEM, and ODG are all silent on the issue of ammonia levels. Likewise, outside guidelines were referenced. Regarding the request for an Ammonia level, the records that have been provided do not mention why an Ammonia level

has been requested. Likewise, the medical necessity of an Ammonia level is not established based off the documentation that has been made available.