

<b>Case Number:</b>	CM14-0063694		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	02/03/2008
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	04/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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 66 year-old male with a 2/3/08 date of injury. At the time (4/10/14) of the request for authorization for Depakote ER 500mg #30, there is documentation of subjective (pain in the right knee and poor sleep, recent nightmares, and one episode of anger during the last month) and objective (blood pressure was normal) findings, current diagnoses (prolonged posttraumatic stress), and treatment to date (medication (including ongoing treatment with opioids)). There is no documentation of neuropathic pain, manic episodes associated with bipolar disorder, complex partial seizures that occur either in isolation or in association with other types of seizures, or prophylaxis of migraine headaches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Depakote ER 500mg #30:** Upheld

**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 Anti-epilepsy drugs (AEDs) Page(s): 16-17. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:<http://www.drugs.com/pro/depakote.html>.

**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. Medical Treatment Guidelines identify documentation of manic episodes associated with bipolar disorder, complex partial seizures that occur either in isolation or in association with other types of seizures, and prophylaxis of migraine headaches, as criteria necessary to support the medical necessity of Depakote. Within the medical information available for review, there is documentation of diagnoses of prolonged posttraumatic stress. However, there is no documentation of neuropathic pain, manic episodes associated with bipolar disorder, complex partial seizures that occur either in isolation or in association with other types of seizures, or prophylaxis of migraine headaches. Therefore, based on guidelines and a review of the evidence, the request for Depakote ER 500mg #30 is not medically necessary.