

Case Number:	CM14-0091465		
Date Assigned:	07/25/2014	Date of Injury:	02/28/2013
Decision Date:	09/29/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/17/2014

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, and is licensed to practice in Nevada. 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 records presented for review indicate that this 63 year old gentleman was reportedly injured on February 28, 2013. The mechanism of injury is noted as a trip and fall. The most recent progress note, dated July 7, 2014, indicates that there are ongoing complaints of low back pain and bilateral leg pain. There were also complaints of a tremor in the right hand. The physical examination demonstrated tenderness over the lumbar spine consistent with facet disease, crepitus with range of motion of the cervical spine, and no abnormal neurological findings were noted. Diagnostic imaging studies of the lumbar spine showed a disc bulge at L2 to L3, L3 to L4, L4 to L5, and L5 to S1 along with facet hypertrophy. An MRI the cervical spine shows disc bulges at C3 to C4, C4 to C5, and C5 to C6 with a mass effect on the ventral aspect of the spinal cord. Previous treatment includes an epidural steroid injection and oral medications. A request was made for Depakote and was not certified in the preauthorization process on June 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Depakote: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16, 21 of 127.

Decision rationale: While the California Chronic Pain Medical Treatment Guidelines recommends anticonvulsive medications for the treatment of neuropathic pain, there are no neuropathic findings on the examination dated July 7, 2014, nor is there any evidence of nerve root involvement on the lumbar or cervical spine MRI. For these reasons, this request for Depakote is not medically necessary.