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| Case Number: | CM14-0187870 | | |
| Date Assigned: | 11/18/2014 | Date of Injury: | 03/27/2014 |
| Decision Date: | 01/07/2015 | UR Denial Date: | 10/14/2014 |
| Priority: | Standard | Application Received: | 11/11/2014 |

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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for a closed head injury reportedly sustained in industrial injury of March 27, 2014. In a Utilization Review Report dated October 14, 2014, the claims administrator denied a request for Keppra, reportedly being employed for epilepsy. The claims administrator stated that its decision was based on page 21 of the MTUS Chronic Pain Medical Treatment Guidelines but did not incorporate said guidelines into its report. The claims administrator stated that it did not believe the applicant had in fact carried a diagnosis of epilepsy for which Keppra would be indicated. The claims administrator stated that its decision was based on a September 19, 2014 progress note. The applicant's attorney subsequently appealed. On September 19, 2014, the applicant reported ongoing issues with headaches, difficulty performing tasks with poor memory, poor concentration, and trouble finishing tasks. The applicant also had headaches with sensitivity to light. The applicant was using Keppra, Tenormin, and Vicodin, it was acknowledged. The applicant was given diagnoses of closed head injury, concussion, intracranial hemorrhage, posttraumatic headaches, multiple orthopedic injuries, temporomandibular joint disorder, and possible lower extremity peripheral neuropathy. Psychological testing and a traumatic brain injury program were sought. The attending provider stated that he wished to continue Keppra for 30 days on the grounds that this was initially given in the emergency department. It was stated that the applicant had a seizure in 1983 associated with a depressed skull fracture and was treated for six months with anticonvulsant medication as of that point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Keppra 500mg (dosage/refill, not specified) for seizure disorder related to closed head injury, as outpatient: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 21

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Levetiracetam/Keppra Page(s): 22. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Keppra Medication Guide Levetiracetam versus Phenytoin for Seizure Prophylaxis in Severe Traumatic Brain Injury, Jones et al, October 2008

Decision rationale: While the MTUS does not specifically address the topic of Keppra usage for anticonvulsant purposes, page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Keppra is a recently approved antiepileptic drug, which is associated with worsening of underlying issues with depression and anxiety. The Food and Drug Administration (FDA) notes that Keppra is indicated as adjunctive therapy in the treatment of partial-onset seizure in adults and children greater than four years of age with epilepsy. Here, the applicant has a history of recent traumatic brain injury. The applicant has a previous history of previous epileptiform activity following an earlier traumatic brain injury in the 1980s, the requesting provider noted. A 2008 article entitled Levetiracetam versus phenytoin for seizure prophylaxis and severe traumatic brain injury states that levetiracetam (Keppra) is as effective as phenytoin in preventing posttraumatic seizures. Here, certain aspects of the applicant's presentation, including headaches, poor memory, altered concentration, difficulty focussing, etc., are suggestive of low-grade or occult seizures for which Keppra was/is indicated. Therefore, the request for One Keppra 500mg is medically necessary.