

<b>Case Number:</b>	CM14-0208733		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	07/22/2005
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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 Preventive Medicine, has a subspecialty in Occupational medicine and is licensed to practice in Iowa. 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:

This is a 54 year old patient with date of injury of 07/22/2006. Medical records indicate the patient is undergoing treatment for cervical sprain/strain with radicular complaints, left elbow lateral epicondylitis, bilateral carpal tunnel syndrome, s/p left knee surgery. Subjective complaints intermittent moderate neck pain with shooting pain down her left arm to the fingers. Objective findings include tenderness to palpation about the paracervical and trapezial musculature, muscle spasm noted, restricted range of motion due to pain; left elbow mild tenderness to palpation at the lateral epicondyle, Tinel's positive at cubital tunnel; bilateral wrists/hands tenderness to palpation, positive Tinel's and Phalen's signs bilaterally, weakness in grip strength and slight restricted range of motion due to discomfort; left ankle tenderness to palpation on anterior posterior aspect, swelling noted and range of motion limited with pain with all motions. Treatment has consisted of single point cane, epidural steroid injection, and acupuncture, Floricet, Imitrex, Ambien, Neurontin, Lorazepam and Depakote. The utilization review determination was rendered on 11/19/2014 recommending non-certification of Divalproex ER 500mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Divalproex ER 500mg #30:** 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: <https://online.epocrates.com/>; Depakote ER monograph

**Decision rationale:** ACOEM, MTUS, and ODG are silent concerning Depakote (Divalproex) ER. Epocrates Monograph states that Divalproex is prescribed for partial seizures, complex absence seizures, simple and complex bipolar disorder, acute manic/mixed episodes, and migraine headache prophylaxis. The treating physician has not provided medical documentation of any of the above diagnosis and has not detailed why the medication is being prescribed. As such, the request for Divalproex ER 500mg #30 is not medically necessary.