

Case Number:	CM15-0144903		
Date Assigned:	08/05/2015	Date of Injury:	03/06/1995
Decision Date:	09/22/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/27/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Pennsylvania
 Certification(s)/Specialty: Family Practice

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 injured worker is a 68 year-old female who sustained an industrial injury on 03-06-15. She reported neck and back pain status post fall. Her prior treatments included neck and back surgery, physical therapy, and medication management. Initial diagnoses are not available. Current diagnoses include bilateral sacroiliac joint arthropathy, lumbar arachnoiditis, failed back surgery, lumbar facet arthropathy, lumbar radiculopathy to the left lower extremity, hypertension, neurogenic bladder, and bipolar disorder. Diagnostic testing and treatment to date has included x-rays, MRI, EMG/NCV, sacroiliac injection, and medication management. Currently, the injured worker complains of sitting pain; she is unable to use the Butrans patch and is having fainting spells. She is on tramadol for chronic pain and is noncompliant with dosage. The treating physician's concern is for seizures. She needs constant supervision and attempts to take her own medication at the wrong times. Requested treatments include depakote 500mg #30, lipid panel, urinalysis, and depakote level. Date of Utilization Review: 07-13-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Depakote 500mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/8010336>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lexicomp/Depakote.

Decision rationale: According to the psychiatric medical records, this worker has a diagnosis of Bipolar I disorder for which she is taking Depakote. The progress notes from the psychiatrist are clear that the indication for this medication is for bipolar disorder. There is no record of this medication being prescribed for seizure disorder although "probable seizure disorder" related to tramadol use was included in a July, 2015 physician progress note. According to Lexicomp, Depakote is indicated for Bipolar disorder, particularly with a history of mania which the record indicates. This medication is medically necessary and appropriate.

Lipid panel: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3068759>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate/Metabolic Syndrome Lexicomp/Latuda.

Decision rationale: According to the 3/16/15 psychiatric progress note, this worker had gained 50 pounds in the preceding several months. She had been on Depakote and Zoloft, both of which can result in weight gain. The physician was concerned about the possibility of metabolic syndrome and ordered a lipid panel in addition to other labs. According to Up To Date, increased body weight is a major risk factor for metabolic syndrome. The lipid profile ordered in this case is indicated as part of the initial screening for metabolic syndrome. Furthermore, this worker is also taking Latuda which has a known adverse effect of dyslipidemia. According to the medical record this worker also has known hyperlipidemia and therefore should have periodic lipid screening. The request is medically necessary.

UA: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/20407938>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate/Urinary incontinence.

Decision rationale: According to the record, this worker has been experiencing urinary frequency and incontinence for which she saw a urologist on May 7, 2015. Urinalysis is a necessary component of the initial evaluation of these complaints and periodic monitoring is appropriate. Therefore, this request is medically necessary.

Depakote level: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/16778728>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lexicomp/Depakote.

Decision rationale: According to the psychiatric medical records, this worker has a diagnosis of Bipolar I disorder for which she is taking Depakote. The progress notes from the psychiatrist are clear that the indication for this medication is for bipolar disorder. There is no record of this medication being prescribed for seizure disorder although "probable seizure disorder" related to tramadol use was included in a July, 2015 physician progress note. According to Lexicomp, Depakote is indicated for Bipolar disorder, particularly with a history of mania which the record indicates. Periodic monitoring of the depakote level is necessary to assure a therapeutic level is being maintained and to avoid toxicity. Therefore, the request is medically necessary.