

<b>Case Number:</b>	CM15-0161550		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	10/16/2006
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	08/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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: California, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 was a 59 year old male, who sustained an industrial injury, October 16, 2006. The injury was sustained when the injure worker fell from a one story roof, about 8-10 feet. The injured worker previously received the following treatments Botox therapy, Keppra, Lyrica and physical therapy. The injured worker was diagnosed with seizures and cervical dystonia. According to progress note of August 13 2015, the injured worker's chief complaint was cervical dystonia. The injured worker was continuing Botox therapy for this. The injured worker had received 80% resolution of the spasms for the Botox therapy. The treatment plan included prescription refills for Keppra and Lyrica.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Keppra 500 MG 3 Tabs:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <https://www.nlm.nih.gov/medlineplus/druginfo/meds/a699059.htm>.

**Decision rationale:** Pursuant to Medline plus, Keppra 500 mg three tablets are not medically necessary. Levetiracetam is used in combination with other medications to treat certain types of seizures in people with epilepsy. Levetiracetam is in a class of medications called anticonvulsants. It works by decreasing abnormal excitement in the brain. In this case, the injured worker's working diagnoses are cervical dystonia and seizures. Date of injury is October 16, 2006. Request for authorization is August 3, 2015. The earliest progress note by the treating neurologist dated May 28, 2013 indicates the injured worker is being treated with Botox for cervical dystonia and Keppra and Lyrica procedures. There is no physical examination. The treating neurologist provides a letter in the form of a narrative. According to a July 16, 2015 progress note the injured worker is three weeks status post Botox for cervical dystonia. The treatment plan includes continuation of Keppra for seizure disorders and physical therapy. According to the most recent progress notes dated August 13, 2015, the treatment plan includes continuing Keppra and Lyrica for seizure disorder. As noted above, the neurologic documentation is a narrative in the form of a letter. There are no updated physical examinations in the medical record. The injured worker, according to the utilization review, also has a history of alcohol abuse. There is no quantity (to be dispensed) of Keppra and Lyrica in the medical record. The directions for use are not documented in the medical record. Although Keppra and Lyrica appear to be indicated for the injured worker's seizure disorders, the narrative provided does not clearly discuss the efficacy of Keppra and Lyrica in treating seizure disorders, drug levels (if performed) in addition to the proposed duration of treatment. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, periodic physical examinations, no quantity or directions for use, a clinical discussion of Keppra efficacy and drug levels, Keppra 500 mg three tablets are not medically necessary.

**Lyrica 50 MG:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Lyrica.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines, Lyrica 50 mg is not medically necessary. Lyrica is recommended in neuropathic pain conditions and fibromyalgia, but not for acute pain. Lyrica is an AED effective in diabetic neuropathy and postherpetic neuralgia. Lyrica is associated with a modest increase in the number of patients experiencing meaningful pain reduction. In this case, the injured worker's working diagnoses are cervical dystonia and seizures. Date of injury is October 16, 2006. Request for authorization is August 3, 2015. The earliest progress note by the treating neurologist dated May 28, 2013 indicates the injured worker is being treated with Botox for cervical dystonia and Keppra and Lyrica procedures. There is no physical examination. The

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