

Case Number:	CM15-0161731		
Date Assigned:	08/27/2015	Date of Injury:	03/06/1995
Decision Date:	09/30/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	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:

This 68 year old woman sustained an industrial injury on 3-6-1995. The mechanism of injury is not detailed. Diagnoses include bipolar 1 disorder. Treatment has included oral medications. Physician notes from the psychiatrist dated 7-6-2015 show a visit with the daughter for continuing treatment. The daughter states the worker shows symptoms of bipolar disorder, depression, anxiety, hopelessness, and difficulty staying asleep. It is reported that the worker has auditory hallucinations and paranoid delusions, but is managed with medications. Recommendations include Altuda, Artane, Zoloft, Depakote, and laboratory testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Depakote 500 mg, sixty count: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation the website www.ncbi.nlm.nih.gov/pubmed/2779591.

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/a682412.html>.

Decision rationale: Pursuant to Medline plus, Depakote 500 mg #60 is not medically necessary. Valproic acid is used alone or with other medications to treat certain types of seizures. Valproic acid is also used to treat mania (episodes of frenzied, abnormally excited mood) in people with bipolar disorder (manic-depressive disorder; a disease that causes episodes of depression, episodes of mania, and other abnormal moods). It is also used to prevent migraine headaches, but not to relieve headaches that have already begun. Valproic acid is in a class of medications called anticonvulsants. It works by increasing the amount of a certain natural substance in the brain. In this case, the injured worker's working diagnosis is bipolar disorder. Date of injury is March 6, 1995. Request for authorization is July 25, 2015. The earliest progress note containing Depakote 500 mg is dated March 16, 2015. This is the earliest progress note and not the start date. The Depakote prescribed by the treating psychiatrist. According to a July 6, 2015 progress note, the injured worker has ongoing bipolar depression and anxiety, difficulty staying asleep, is hopeless and has auditory hallucinations. Current medications include Latuda, Depakote, Zoloft and Artane. The subjective section indicates the injured worker is still having ongoing symptoms with depression, anxiety hopelessness and hallucinations. The documentation does not demonstrate objective functional improvement as specifically relates to valproic acid. Additionally, the treating/requesting provider ordered Fanapt 1 mg (another antipsychotic medication). The utilization review references a July 25, 2015 progress note. The request for authorization references the Depakote 500 mg #60 per July 25, 2015. There is no July 25, 2015 progress note in the medical record to be reviewed. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement and no progress note dated July 25, 2015, Depakote 500 mg #60 is not medically necessary.