

Case Number:	CM15-0164482		
Date Assigned:	09/01/2015	Date of Injury:	06/04/2013
Decision Date:	10/05/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/21/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 injured worker is a 52 year old female who reported an industrial injury on 6-4-2013. Her diagnoses, and or impression, were noted to include: cervical sprain-strain; right hand pain; right shoulder pain; right shoulder complex regional pain syndrome; and status-post right shoulder dislocation. No current imaging studies were noted. Her treatments were noted to include: a home exercise program; medication management with toxicology studies; and rest from work. The progress notes of 7-16-2015 noted a follow-up visit for continued constant, mild neck pain that radiated down the bilateral upper extremities, was accompanied by numbness and tingling, and was aggravated by activities; and of constant, mild low back pain that radiated down into the bilateral lower extremities. Objective findings were noted to include: moderate distress; tenderness over the bilateral cervical spine and trapezius muscles, with moderate decreased range-of-motion; and tenderness at the right hand with painful and decreased range-of-motion of the middle digit. The physician's requests for treatments were noted to include Keppra.

IMR ISSUES, DECISIONS AND RATIONALES

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

Keppra 500mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Keppra Page(s): 22.

Decision rationale: Guidelines recommend use of Keppra only when first line agents fail or cannot be used. According to the records, there is no indication that the patient has tried or has contraindications to other first line agents. The request for Keppra 500 mg #60 is not medically appropriate and necessary.