

Case Number:	CM15-0185792		
Date Assigned:	09/28/2015	Date of Injury:	08/12/2014
Decision Date:	11/17/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/21/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 is a 50 year old female who sustained a work-related injury on 8-12-14. Medical record documentation on 7-31-15 revealed the injured worker was being treated for closed head injury with concussion with cognitive and mood impairment, bilateral temporomandibular joint syndrome, and posttraumatic seizure disorder. She reported headaches, nausea and vomiting, memory problems and some dizziness. She rated her pain a 2 on a 10-point scale. Objective findings included no ligamentous distention of the neck. The injured worker had continued to perform her usual and customary work activity. The evaluating physician noted that when her valproic acid was not provided to her it caused a sudden disruption in her headache condition and put her at risk for seizures. Her medication regimen included Valproic Acid 250 mg (since at least 2-16-15), MS Contin 30 mg, Lipitor 40 mg and Prozac 20mg. On 7-6-15 the injured worker reported headaches and blurry vision. She rated her pain a 4 on a 10-point scale and noted that her medications helped. She reported that her headaches continued to improve after she purchases Depakote on her own. On physical examination the injured worker was alert and oriented. Her cranial nerves II-XII were intact and her gait was intact without any ataxia. A request for Depakote 250 mg DR 1 tablet 5 times per day #250 was received on 8-18-15. On 8-25-15, the Utilization Review physician determined Depakote 250 mg DR 1 tablet 5 times per day #250 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Depakote 250mg DR #250: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.rxlist.com/depakote-drug/indications-dosage.htm.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.fda.gov/downloads/Drugs/DrugSafety/UCM342868.pdf>.

Decision rationale: The MTUS guidelines and ODG do not discuss the use of Depakote, therefore, alternative guidelines were consulted. Per the FDA, Depakote is used to treat manic episodes associated with bipolar disorder. Alone or with other medicines to treat it is used to treat complex partial seizures in adults and children 10 years of age and older and simple and complex absence seizures, with or without other seizure types. Additionally it is used to prevent migraine headaches. In this case, the injured worker has bought and used this medication on her own with stated efficacy. However, there is no diagnosis of migraine headaches in the injured worker, therefore, the request for Depakote 250mg DR #250 is not medically necessary.