

Case Number:	CM15-0194883		
Date Assigned:	10/08/2015	Date of Injury:	03/03/2000
Decision Date:	11/18/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/05/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 67 year old female, who sustained an industrial injury on 3-3-2000. The medical records indicate that the injured worker is undergoing treatment for chronic pain, pain in lower leg joint (neuropathic), osteoarthritis of the lower leg. According to the progress report dated 8-28-2015, the injured worker presented for follow-up office visit. She described her pain as constant, aching, burning, sharp, piercing, shooting, throbbing, nagging, prickly, cruel, and incapacitating. The level of pain is not rated. The treating physician states that "her pain is much improved and the number of spasm episodes is far less. Her function is improved with medication." The physical examination reveals antalgic gait, intermittent spasms, and left lower extremity weakness. The current medications are Voltaren gel, Depakote, and Keppra. The records do not indicated when Keppra was originally prescribed. Previous diagnostic testing includes MRI studies. Treatments to date include medication management. Work status is not indicated. The original utilization review (9-24-2015) had non-certified a request for Keppra.

IMR ISSUES, DECISIONS AND RATIONALES

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

Keppra tablet 500mg qty 120 for 30 days supply with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: The claimant has a remote history of a work injury occurring in March 2000. She continues to be treated for left knee pain including a diagnosis of CRPS. In June 2015, she had left knee swelling with dependent rubor of the entire left leg. Diagnoses were chondromalacia with early arthritis and reflex sympathetic dystrophy. When seen in August 2015 she was having intermittent spasms. There was left lower extremity weakness and an antalgic gait. She was paying for Keppra out-of-pocket. The assessment references improved function and pain with decreased episodes of spasm with this medication. Keppra and Depakote were prescribed. Keppra (levetiracetam) and Depakote (divalproex sodium) are anti-epileptic drugs. Antiepilepsy drugs are recommended for neuropathic pain. After initiation of treatment there should be documentation of pain relief and improvement in function. In this case, the degree of any pain relief is not adequately documented and there are no specific examples of how the claimant's function has been improved. Two medications in this class are being prescribed. Blood levels showing an adequate dose of either medication are not provided and the need for a second, add-on agent, is not established. The request is not medically necessary.