

<b>Case Number:</b>	CM15-0194887		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	03/03/2000
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 68-year-old female who reported an industrial injury on 3-3-2000. Her diagnoses, and or impressions, were noted to include left knee degenerative joint disease and medial meniscus tear; left knee synovitis with a mild degree of chondromalacia of the medial compartment; osteoarthritis of lower leg; neuropathic pain; and left knee pain. No imaging studies were noted. Her treatments were noted to include left knee physical therapy; medication management; and a return to unrestricted work duties. The pain management progress notes of 8-28-2015 noted a follow-up visit for a recheck. The objective findings were noted to include: no acute distress; continued intermittent spasms, an antalgic gait and left lower extremity weakness; and that her pain and function was improved on medications. The physician's requests for treatment were noted to include a refill of medications to increase her ability to self- manage her pain and related problems and return to maximize and maintain optimal physical activity and function; and for her to return in 2-3 months for re-evaluation. The progress notes of 6-29-2015 noted Depakote 125 mg, #60 with 2 refills. The Request for Authorization, dated 9-15-2015, was noted to include Depakote 125 mg, #60 with 2 refills. The Utilization Review of 9-25-2015 modified the request for Depakote sprinkle capsules 125 mg, #60, for 30 days with 2 refills, to #30 with no refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Depakote sprinkle CAP 125mg, #60 (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 California MTUS states that anticonvulsant medications may be indicated in the treatment of neuropathic pain. The patient has the diagnoses of knee pain but no primary neuropathic pain. There is only mention of neuropathic pain with no other specifics given. The patient also does not have a diagnosis of seizure disorder due to industrial incident. Therefore, the request is not medically necessary.