

Case Number:	CM15-0195852		
Date Assigned:	10/09/2015	Date of Injury:	07/24/2014
Decision Date:	11/20/2015	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: 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:

The injured worker is a 30 year old male, who sustained an industrial injury on July 24, 2014. He reported a fall from a ladder with loss of consciousness. The injured worker was diagnosed as having post concussion syndrome. Treatment to date has included diagnostic studies, surgery, physical therapy and medication. On July 21, 2015, notes indicated the injured worker had significant industrial head trauma with residual reduced attention, dizziness, cognitive and emotional symptoms and insomnia. He continues with fatigue, problems with memory and concentration, emotional liability and severe insomnia. On September 14, 2015, subjective complaints were illegible in this handwritten progress report. Objective findings indicated no changes. On September 24, 2015, utilization review denied a request for Divalproex 500mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Divalproex 500mg #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, Divalproex.

Decision rationale: The ACOEM and the California MTUS does not address the requested service. The physician desk reference states the requested medication is indicated in the treatment of seizure disorder and manic depression. The patient has post concussion syndrome but neither of these primary diagnoses. Therefore the request is not medically necessary.