

<b>Case Number:</b>	CM15-0196106		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	03/14/2012
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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: Arizona, California  
 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 52 year old male, who sustained an industrial injury on 03-14-2012. The injured worker is currently not working. Medical records indicated that the injured worker is undergoing treatment for traumatic subdural hemorrhage with loss of consciousness, muscle spasm syndrome post-concussion, and sleep disorder. Treatment and diagnostics to date has included head CT and use of medications. Recent medications have included Valproic acid, Fluoxetine, Tramadol, Ibuprofen, and Donepezil. No recent laboratory evaluations noted in received medical records. After review of the progress note dated 09-08-2015, the injured worker reported headache, neck pain, and intermittent right leg pain. Objective findings included full strength in bilateral upper and lower extremities and cranial nerves II-XII are "grossly intact". The request for authorization dated 09-23-2015 requested lab work-valproic acid level. The Utilization Review with a decision date of 09-29-2015 non-certified the request for 1 valproic acid level test.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 valproic acid level test:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse: Meierkord

H, Boon P, Englesen B, Gocke K, Shorvon S, Tinuper P, Holtkamp M, EFNS guideline on the management of status epilepticus. EUR J Neuci 2006 May; 13 (5): 445-50.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs). Decision based on Non-MTUS Citation KIM S. GRISWOLD, M.D., M.P.H., and LINDA F. PESSAR, M.D., State University of New York at Buffalo, Buffalo, New YorkAm Fam Physician. 2000 Sep 15; 62 (6): 1343-1353. Management of Bipolar Disorder.

**Decision rationale:** According to the guidelines, Valproic acid is used for seizures and Bipolar disorders. The claimant had sustained a traumatic brain injury and had a subdural hematoma with seizures. The claimant had been on Keppra in the past and currently on Valproic acid. The medication was used for headaches as well as seizure and behavioral management. Variable levels can lead to toxicity and side effects. The request to check levels to maintain therapeutic dose is appropriate.