

Case Number:	CM15-0200893		
Date Assigned:	10/16/2015	Date of Injury:	03/03/2000
Decision Date:	12/01/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/13/2015

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: Texas, Illinois

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:

The injured worker is a 68 year old female, who sustained an industrial injury on 3-3-2000. Diagnoses include chronic pain, osteoarthritis lower leg, pain in lower leg joint, and neuropathic pain. Treatments to date include medication therapy and aquatic therapy. On 8-20-15, she complained of increasing muscle spasms and left knee pain. The physical examination documented decreased left knee range of motion. On 8-28-15, there were no subjective complaints documented. The physical examination documented an antalgic gait with left lower extremity weakness and continued muscle spasms. The records documented Keppra 500mg tablets were prescribed in July 2015. The record documented Keppra decreased the number of muscle spasm episode and increased function. The plan of care included ongoing medication therapy as previously prescribed. The appeal requested authorization for Keppra 500mg tablets, #120 for a 30 day supply with two refills. The Utilization Review dated 9-29-15, modified the request to allow Keppra 500mg tablets, #60 for 30 days to allow for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Keppra Tab 500mg #120 30 day 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Levetiracetam (Keppra®).

Decision rationale: The injured worker sustained a work related injury on 3-3-2000. Diagnoses include chronic pain, osteoarthritis lower leg, pain in lower leg joint, and neuropathic pain. Treatments to date include medication therapy and aquatic therapy. The medical records provided for review do not indicate a medical necessity for Keppra Tab 500mg #120 30 day supply with 2 refills. The MTUS recommends the use of the antiepileptic drugs for the treatment of neuropathic pain. The guidelines recommends that continued use be based on evidence of 30 % reduction in pain, otherwise switch to a different first line agent, or combine with another first line agent. The disease conditions where the antiepileptic drugs have been found useful include: Spinal cord injury Complex Regional Pain Syndrome, Fibromyalgia, Lumbar spinal stenosis, Post Op pain. Painful polyneuropathy: Post herpetic neuralgia. The medical records indicate the injured worker has been using this medication without documentation of up to 30% pain improvement. The Official Disability Guidelines identifies it as Levetiracetam, and states that it is not recommended as a first-line drug. According to the latest high quality study, there is no evidence that Levetiracetam is effective in reducing neuropathic pain, and it is associated with an increase in adverse events.