

Case Number:	CM15-0024175		
Date Assigned:	02/13/2015	Date of Injury:	05/30/2012
Decision Date:	04/06/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/09/2015

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: California, Washington

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 42-year-old female who reported an injury on 05/30/2012. The injured worker was reportedly struck on the head by a box of tile that fell from a pallet. The current diagnoses include injury of the head, muscle spasm, postconcussion syndrome, hypertensive disorder, nonulcer dyspepsia, peripheral vertigo, agoraphobia with panic attacks, PTSD and post-traumatic headaches. On 09/16/2014, the injured worker presented for a follow up evaluation. It was noted that the injured worker was utilizing Xanax 1 mg, Depakote 250 mg, diazepam 10 mg, diclofenac 100 mg, Dilaudid 2 mg, Norco 10/325 mg and Protonix 20 mg. Upon examination, the injured worker was noted to be in moderate distress secondary to neck and low back pain with a very anxious mood. There was tenderness to palpation over the cervical paraspinal muscles and rhomboids. Sensation was intact in both the upper and lower extremities. Recommendations, at that time, included continuation of the current medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Divalproex 250 mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AEDs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: California MTUS/ACOEM Practice Guidelines do not specifically address the requested medication. Official Disability Guidelines do not specifically address the requested medication. Updated: 02 March 2015. U.S. National Library of Medicine. U.S. Department of Health and Human Services National Institutes of Health. Valproic acid.

Decision rationale: According to the U.S. National Library of Medicine, valproic acid is used alone or with other medication to treat certain types of seizures. Other indications include mania in patients with bipolar disorder and prevention of migraine headaches. In this case, it is noted that the injured worker has continuously utilized the above medication since at least 06/2014. There is no mention of functional improvement despite the ongoing use of this medication. The medical necessity for the requested medication has not been established in this case. Additionally, the request as submitted failed to indicate a frequency. Therefore, the request is not medically appropriate.