

Case Number:	CM15-0212037		
Date Assigned:	11/02/2015	Date of Injury:	05/17/2004
Decision Date:	12/18/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	10/28/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 43-year-old male who sustained an industrial injury on 5-17-04. He is in a care home. Medical records indicate that the injured worker was being treated for dementia (non-progressive) due to traumatic brain injury with behavioral disturbances; personality changes due to traumatic brain injury, non-psychotic; brain injury without mention of open intracranial wound, with loss of consciousness of unspecified duration. He currently (10-2-15) still has behavioral issues including disrespecting the staff at the care home, stealing food from the refrigerator, throwing things, threatening to leave, agitation-like chest pain and was seen in the emergency department for this. He makes excuses not to exercise but he had lost weight due to exercise, has poor sleep, he has hallucinations. Treatments to date include medication: Xanax, Zyprexa, Zoloft, Depakote ER (since at least 5-22-13), Fanapt, Nuedexta, Belsomra: Ambien and trazadone were discontinued; neuropsychological monitoring. The request for authorization dated 10-6-15 was for Depakote 500mg #60. On 10-20-15 Utilization Review non-certified the request for divalproex 500mg #60 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Divalproex tab 500mg ER day supply: 30 Qty: 60 Refills 1: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-epilepsy drugs (AEDs).

Decision rationale: The patient presents with severe frontal lobe dysfunction because of TBI and post-traumatic epilepsy. The current request is for Divalproex tab 500mg ER day supply: 30 quantity: 60, refills 1. The treating physician's report dated 10/02/2015 (8B) states, "He also exhibited agitation-like pain in the chest so he went to the ER....He denies being depressed. He has hallucinations sometimes. His sleep is still poor." He has psychomotor agitation. Diagnoses include: unspecified epilepsy without mention of intractable epilepsy and seizure disorder. MTUS page 16 and 17 on anti-epilepsy drugs (AEDs) states that it is recommended for neuropathic pain, but there is a lack of consensus on treatment. Most trials have been directed at post-herpetic neuralgia and painful polyneuropathy. In this case, the patient does have a diagnosis of epilepsy and seizure disorder for which AEDs are recommended. The current request is medically necessary.