

Case Number:	CM15-0055261		
Date Assigned:	03/30/2015	Date of Injury:	09/08/2003
Decision Date:	11/10/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/23/2015

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

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 61 year old female, who sustained an industrial injury on September 8, 2003. She reported a head injury without loss of consciousness, later developing complex partial seizures. The injured worker was diagnosed as having complex partial epilepsy. On July 2, 2015, consultation notes stated that her previous video EEG monitoring study showed frequent right temporal lobe interictal epileptiform discharges as well as complex partial seizures arising from the right temporal region. An MRI scan and PET study were noted to be normal. Phase 2 monitoring showed clinical and severe type of seizures arising from the right mesial temporal lobe and electroencephalographic seizures arising from the left temporal lobe and in the right frontal region. In April 2014, the injured worker underwent a right selective resection and has been completely seizure-free. On the day of the consultation, her seizure medication included Lamictal, Keppra and Lorazepam. The treatment plan included refills of her medications, consideration for reducing Lamictal dosage in the future and a follow-up visit. On March 9, 2015, a request for Levetiracetam 500mg was denied. A request for Lamotrigine 200mg-300qam and 400mg was authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Levetiracetam 500mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation National institute for Health and Clinical Excellence (NICE) Jan 117 page.

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

Decision rationale: Review indicates the patient has history of complex partial epilepsy from head injury without loss of consciousness. She is s/p selective resection in April 2014 and has been seizure free since. Provider note of 8/15/13 reported Levetiracetam (Keppra) was added that had no significant benefit and the patient had developed hair loss and increased nausea as a result. Lamotrigine was authorized and continued for diagnosis of seizure and Levetiracetam was modified for weaning purposes. Submitted reports have not adequately demonstrated the specific symptom relief or functional benefit from treatment already rendered for this chronic 2003 injury. Medical reports have not demonstrated specific change, progression of neurological deficits or neuropathic pain with functional improvement from treatment of this chronic injury. Previous treatment with Keppra has not resulted in any functional benefit and medical necessity has not been established. The Levetiracetam 500mg is not medically necessary and appropriate.