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| Case Number: | CM15-0088670 | | |
| Date Assigned: | 05/12/2015 | Date of Injury: | 07/23/2013 |
| Decision Date: | 06/15/2015 | UR Denial Date: | 04/22/2015 |
| Priority: | Standard | Application Received: | 05/08/2015 |

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, New York, California
 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 applicant is a represented 57-year-old who has filed a claim for chronic posttraumatic headaches reportedly associated with an industrial injury of July 23, 2013. In a Utilization Review report dated April 22, 2015, the claims administrator failed to approve a request for Depakote. An RFA form/progress note of April 14, 2015 was referenced in the determination. The claims administrator stated that the applicant had issues with epilepsy but went on to point out that the attending provider had failed to identify whether the applicant was using Depakote for anticonvulsant effect or for chronic pain purposes. The applicant's attorney subsequently appealed. On April 14, 2015, the applicant apparently presented with issues irritability and a perception of smelling smoke despite the fact that the applicant was not in smoky area. The applicant was apparently using Keppra, Zyprexa, and Lexapro, it was stated. A clear diagnosis was not detailed. It was stated that usage of anti-convulsants had apparently suppressed overt epileptiform activity as evinced by an ambulatory EEG which did not identify breakthrough seizures. On February 18, 2015, the applicant reported ongoing issues with posttraumatic headaches, insomnia, irritability, mood disturbance, and fatigue. The applicant's medications included Lexapro, Keppra, Flomax, VESicare, Janumet, Depakote, Desyrel, and allopurinol, it was reported. The applicant was given diagnoses of traumatic brain injury, right subdural hematoma, bifrontal hemorrhagic contusion, non-insulin dependent diabetes, temporal bone fracture, vertigo, and depression. The applicant was asked to employ Depakote at a heightened dose for headaches and/or agitation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Depakote ER tab 250mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox; Myobloc) Page(s): 27. Decision based on Non-MTUS Citation Valproate Information - Food and Drug Administration.

Decision rationale: Yes, the request for Depakote, an anticonvulsant medication, is medically necessary, medically appropriate, and indicated here. While the MTUS does not specifically address the topic of Depakote (valproic acid) for epilepsy and/or mood disorder, both of which are present here, page 26 of the MTUS Chronic Pain Medical Treatment Guidelines incidentally notes that valproic acid significantly reduced disability associated with migraine headaches. Here, the attending provider's documentation did seemingly suggest that valproic acid was being employed for mood stabilization effect, headache prophylaxis, and/or epilepsy. The Food and Drug Administration (FDA) notes that Depakote is in fact indicated in the treatment of manic episodes associated with bipolar disorder, epilepsy, and migraine headache prophylaxis, all of which were seemingly present here. The attending provider's documentation did seemingly suggest that ongoing usage of Depakote had, in fact, suppressed the applicant's previously characterized/previously described epileptiform activity. Continuing the same, on balance, was indicated, given the applicant's reportedly favorable response to the same. Therefore, the request was medically necessary.