

Case Number:	CM15-0088742		
Date Assigned:	05/13/2015	Date of Injury:	01/01/1994
Decision Date:	06/19/2015	UR Denial Date:	04/23/2015
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 68-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of January 1, 1994. In a Utilization Review report dated April 23, 2015, the claims administrator failed to approve a request for Depakote. The claims administrator referenced a March 26, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. On November 19, 2014, the applicant reported ongoing complaints of mid and low back pain with derivative complaints of depression. The applicant had undergone earlier failed lumbar spine surgery, it was acknowledged. The applicant was using Mobic, Lexapro, Nexium, Lyrica, Norco, Sonata, oxycodone, Depakote, and Voltaren gel, it was acknowledged. It was not clearly stated for what purpose the applicant was using Depakote on this occasion. On March 4, 2015, the applicant again reported ongoing complaints of mid and low back pain. Permanent work restrictions were renewed. It was stated that the applicant was not a candidate for any kind of surgical intervention. Once again, there was no discussion of medication selection or medication efficacy on this date. X-rays did demonstrate a solid indwelling fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Depakote ER (extended release) 500mg, unknown quantity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/pro/depakote.html.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Botulinum toxin (Botox; Myobloc) Page(s): 26. Decision based on Non-MTUS Citation Valproate Information - Food and Drug Administration.

Decision rationale: No, the request for Depakote was not medically necessary, medically appropriate, or indicated here. Page 26 of the MTUS Chronic Pain Medical Treatment Guidelines incidentally notes that Depakote (valproate) significantly reduce disability associated with migraine headaches. Here, however, there was no mention of the applicant's having issues with migraine headaches for which introduction, selection, and/or ongoing usage of Depakote (valproate) would have been indicated. The MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider incorporate some discussion of efficacy of medication for the particular condition for which it has been prescribed into his choice of recommendations so as to ensure proper usage and to manage expectations. Here, however, such discussion was, quite clearly, lacking. While the Food and Drug Administration (FDA) does acknowledge that Depakote is indicated in the treatment of bipolar disorder, mania, epilepsy, and/or migraine headaches, here, however, it was not clearly stated for what purpose, issue, and/or diagnosis Depakote (valproate) had been prescribed. It was not established whether or not Depakote had or had not proven effective for whatever condition it was being prescribed for. Therefore, the request is not medically necessary.