

Case Number:	CM14-0125684		
Date Assigned:	09/16/2014	Date of Injury:	11/06/2012
Decision Date:	10/16/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/08/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 39 year old with an injury date on 11/6/12. The patient complains of headaches on almost daily basis, at times throbbing per 6/2/14 report. The patient does not note any diplopia, difficulty with speech or swallowing per 6/2/14 report. The patient takes Nortriptyline, but has discontinued Fioricet and Voltaren due to high blood pressure per 6/2/14 report. Based on the 6/2/14 progress report provided by [REDACTED] the diagnosis is post concussion syndrome. Exam on 6/2/14 showed normal heel to toe gait. Alert with fluent speech, no papilledema. Visual fields, pupils, extraocular movements are normal. No weakness or sensory loss. [REDACTED] is requesting Depakote 250mg #60 BID (twice a day) for 6 months. The utilization review determination being challenged is dated 7/25/14 and denies request as medical necessity of this medication's use is not clearly demonstrated. [REDACTED] is the requesting provider, and he provided treatment reports from 3/4/14 to 8/4/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Depakote 250mg #60BID (twice a Day) for 6 Months: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, head chapter Botox for migraines Recommended as indicated below for prevention of headache in patients with chronic migraine. Pooled results of 2 large, randomized, placebo-controlled trials show that botulinum toxin is an effective, safe, and well-tolerated treatment for the prevention of headache for patients with chronic migraine. (Dodick, 2009) On October 16, 2010, the FDA approved onabotulinumtoxinA (Botox; Allergan Inc) for headache prophylaxis

Decision rationale: This patient presents with headaches. The provider has asked for Depakote 250mg #60 BID (twice a day) for 6 months on 6/2/14 on the presumption her headaches have a vascular component. Review of records show patient has not taken Depakote before. Regarding migraine medication, ODG head chapter states that amitriptyline, beta blockers (metoprolol, propranolol, and timolol), Topiramate as well as valproic acid and its derivatives, are first-line agents for the treatment of chronic migraines. In this case, the patient presents with chronic headaches. A trial of Depakote appears reasonable for this type of condition. Such as, Depakote 250mg #60 BID (twice a Day) for 6 Months is medically necessary.