

<b>Case Number:</b>	CM14-0089097		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	06/26/2006
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	05/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2014

### 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 Emergency Medicine 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 injured worker is a 52-year-old male who reported an injury of unspecified mechanism on 06/26/2006. On 05/06/2014, his diagnoses included history of lumbar spine surgery, lumbar radiculopathy, stress, anxiety and depression, and seizure disorder. His medications included Keppra 500mg, Gabapentin 600mg, Paxil 40mg, and OxyContin 60mg. On 01/21/2014, it was noted that this injured worker had been taking Keppra 500mg twice daily, which seemed to be controlling his seizure disorder, and that any other recommendations or changes would be deferred a neurologist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Keppra 500mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation RxList.com

**Decision rationale:** The request for Keppra 500mg #60 is not medically necessary. Per Rxlist.com, Keppra is indicated as adjunctive therapy in the treatment of partial onset seizures, myoclonic seizures, and primary generalized tonic-clonic seizures in children and adults with

epilepsy or idiopathic generalized epilepsy. The need for this medication was clearly demonstrated in the submitted documentation. However, there was no frequency of administration included in the request. Therefore, this request for Keppra 500 mg #60 cannot be deemed medically necessary.