

Case Number:	CM13-0067368		
Date Assigned:	01/03/2014	Date of Injury:	06/21/2008
Decision Date:	03/13/2015	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/17/2013

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: Illinois

Certification(s)/Specialty: Psychiatry

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 on 06/21/2008. The mechanism of injury was not submitted for review. The injured worker has diagnoses of depression, not otherwise specified; anxiety, not otherwise specified; neck pain; chronic pain; myofascial pain; shoulder pain; rotator cuff disorder; chronic pain syndrome; dysthymic disorder; numbness; carpal tunnel syndrome; facet joint disease of the cervical region; and degeneration of cervical intervertebral disc. Past medical treatment consists of cognitive behavioral therapy and medication therapy. Medications consist of Niaspan 1000 mg, omeprazole 20 mg, Colace 100 mg, Norco 10/325, Lyrica 75 mg, Remeron 15 mg, Lidoderm patches 5%, ibuprofen 800 mg, Lopressor 25 mg, Abilify 2 mg, Wellbutrin XL 300 mg, aspirin 81 mg, and Depakote 250 mg. No pertinent diagnostics were submitted for review. On 11/19/2013, the injured worker complained of neck, wrist, and elbow pain. The injured worker stated that the pain was worse with prolonged activity, standing, walking, bending, lifting, and lying down. The injured worker rated the pain at a 7 to 8 without medication and 5 to 6 with medication. Physical examination noted that the injured worker had 5/5 bilateral upper extremity strength. Sensation was intact and equal. There was no tenderness over the scar in the right wrist and elbow but there was slightly prominent scar tissue. No swelling or allodynia over the scars. There was positive Tinel's at the left wrist, negative Tinel's on the right. Medical treatment plan is for the injured worker to continue with medication therapy. Provider feels that with the medication the injured worker is able to perform ADLs. Request for Authorization form was submitted on 12/02/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Depakote ER 250 MG (TWICE DAILY) #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 16-17.

Decision rationale: The request for Depakote ER 250 mg (twice daily) #60 is not medically necessary. The California MTUS Guidelines recommend antiepilepsy medication as a first line medication for treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30% to 50% and objective functional improvement. The submitted documentation did not indicate the efficacy of the medication, nor did it indicate any objective decrease in pain or objective functional improvement. There were no other significant factors provided to justify the continuation of the medication. Given the above, the request would not be indicated. As such, the request is not medically necessary.