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| Case Number: | CM15-0016677 | | |
| Date Assigned: | 02/05/2015 | Date of Injury: | 11/14/2001 |
| Decision Date: | 03/24/2015 | UR Denial Date: | 01/06/2015 |
| Priority: | Standard | Application Received: | 01/29/2015 |

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: Florida, New York, Pennsylvania
 Certification(s)/Specialty: Family Practice

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 39 year old female, who sustained an industrial injury on 11/14/2001. The diagnoses have included long term use of opioid pain medication, chronic regional pain syndrome to left leg, and status post left knee surgery on 01/27/2005. Treatments to date have included failed intrathecal pump trial, failed spinal cord stimulator trial, knee surgery, bilateral cervical and lumbar sympathetic blocks, and medications. No MRI report noted in received medical records. In a progress note dated 12/19/2014, the injured worker presented with complaints of left, back, knee, and hip pain. The treating physician reported in prescription history the Kepra is prescribed as 500mg 2 tablets every 8 hours as needed for 30 days. Utilization Review determination on 01/02/2015 non-certified the request for Kepra 500mg #180 citing Medical Treatment Utilization Schedule Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kepra 500mg #180: 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 Chronic Pain Part 2, AED's Page(s): 16, 17, 18, 22.

Decision rationale: This patient has a complex history and was already taking Seroquel, Doxepin, Cymbalta and Klonopin. AED's are recommended for neuropathic pain. There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials (RCTs) for the use of this class of medication (AED's) for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy. There are few RCT's directed at central pain and none for painful radiculopathy. A recent review has indicated that there is insufficient evidence to recommend for or against antiepileptic drugs for axial low back pain. With a diagnosis of Chronic Regional Pain Syndrome Gabapentin has been recommended. There is a lack of evidence to demonstrate that AED's significantly reduce the level of myofascial or other sources of somatic pain. Levetiracetam (Keppra) is among the antiepileptic drugs (AED's) most recently approved for use in managing chronic pain. While it may be effective for neuropathic pain, the ultimate role in managing pain requires further research and experience. It is recommended that in the interim, this agent should be used to treat neuropathic pain only when 1st line AED agents have proved unsuccessful. In addition, underlying depression and anxiety symptoms may be exacerbated by Keppra. Therefore the UR Non-Certification is supported.