

Case Number:	CM15-0129190		
Date Assigned:	07/15/2015	Date of Injury:	11/06/1984
Decision Date:	08/14/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/02/2015

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, California

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:

This is a 64 year old male patient who sustained an industrial injury on 11/6/1984. Diagnoses include refractory seizure disorder and chronic right foot fracture with chronic pain. He sustained the injury due to involvement in a motor vehicle accident. Per the doctor's note dated 6/4/2015, he came for seizure disorder. He has not had any seizure since the last visit and doing well. He had complaints of right leg pain. He is on dilantin, lyrica and vimpat for seizures. The physical examination revealed 1+ reflexes in lower extremities, down going planters and right foot in a splint. The medications list as per the note dated 5/26/2015 includes celebrex, cyclobenzaprine, diazepam, dilantin, docusate, lisinopril, lyrica, meperidine, nitrostat, propranolol and tramadol. He has undergone multiple surgeries including 2 right knee surgeries, 3 left knee surgeries, 4 left foot surgeries and intrathecal pump implantation on 9/30/2010. Treatment has included oral medications. Recommendations include Dilantin, Lyrica, Vimpat, stop Demerol, and start Nucynta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilantin 400mg, a day (Unspecified Quantity): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drug.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 21 Phenytoin (Dilantin, Phenytek, generic available). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Head (updated 07/24/15) Anticonvulsants Dilantin contains phenytoin which is an anticonvulsant.

Decision rationale: Per the cited guidelines anticonvulsants are "Recommended. For adult patients with severe TBI, prophylaxis with phenytoin is effective in decreasing the risk of early post-traumatic seizures". The patient has history of MVA with diagnosis of refractory seizure. Patient is taking Dilantin for seizure control. The request for Dilantin 400mg, a day (Unspecified Quantity) is medically necessary and appropriate for this injury.

Lyrica 400mg, a day (Unspecified Quantity): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drug.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), page 16 Pregabalin (Lyrica, no generic available), page 19. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Head (updated 07/24/15) Anticonvulsants Lyrica contains pregabalin which is an anticonvulsant.

Decision rationale: Per the cited guidelines anticonvulsants are "Recommended. For adult patients with severe TBI, prophylaxis with phenytoin is effective in decreasing the risk of early post-traumatic seizures." The patient has history of MVA with diagnosis of refractory seizure. Patient is taking Lyrica for seizure control. The request for Lyrica 400mg, a day (Unspecified Quantity) is medically necessary and appropriate for this injury.

Vimpat 400mg, a day (Unspecified Quantity): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drug.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Head (updated 07/24/15) Anticonvulsants Other Medical Treatment Guideline or Medical Evidence Thompson Micromedex lacosamide- FDA uses Vimpat contains lacosamide which is an anticonvulsant.

Decision rationale: Per the cited guidelines anticonvulsants are "Recommended. For adult patients with severe TBI, prophylaxis with phenytoin is effective in decreasing the risk of early post-traumatic seizures." Per the Thompson micromedex FDA labeled indications of lacosamide includes "partial seizure, monotherapy and partial seizure, adjunct." The patient has history of a MVA with diagnosis of refractory seizures. Patient is taking Vimpat for seizure control. The request for Vimpat 400mg, a day (Unspecified Quantity) is medically necessary and appropriate for this injury.