

Case Number:	CM15-0140380		
Date Assigned:	07/30/2015	Date of Injury:	04/20/2000
Decision Date:	11/30/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/20/2015

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: North Carolina

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(n) 40 year old male, who sustained an industrial injury on 4-20-00. The injured worker was diagnosed as having post traumatic seizures. Subjective findings (6-24-15) indicated the injured worker is still not receiving medications. Objective findings (6-24-15) revealed no changes. Treatment to date has included Levetiracetam. The Utilization Review dated 7-15-15, non-certified the request for Levetiracetam 500mg, 2 tabs AM and 1 tab PM.

IMR ISSUES, DECISIONS AND RATIONALES

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

Levetiracetam 500mg, 2 tabs AM and 1 tab PM: 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 PDR, levetiracetam.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The physician desk reference states the requested medication is indicated in the treatment of seizure disorder either in combination or stand-alone therapy. The patient does have the diagnosis of seizure disorder with no documented contraindications. Therefore the request is medically necessary.