

Case Number:	CM15-0179315		
Date Assigned:	09/21/2015	Date of Injury:	08/12/2014
Decision Date:	11/17/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/11/2015

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: Washington, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 51 year old female who sustained an industrial-work injury on 8-12-14. A review of the medical records indicates that the injured worker is undergoing treatment for head injury, seizures and migraine headaches. Treatment to date has included pain medication Valproic Acid since at least 7-31-15. Medical records dated 7-31-15 indicated that the injured worker continued to complain of severe headaches, nausea and vomiting, memory problems and dizziness. The pain is rated 2 out of 10 on the pain scale. This note also documented the injured worker had a recent lapse in her ability to work due to the fact that her Valproic acid was not provided to her and this sudden disruption caused a worsening of her headache condition. With the medication she is able to perform her usual and customary work activity as she has good control her headaches. Per this evaluation, the injured worker was to return to full duty as of 8-3-15. The physical exam at that visit revealed that the injured worker was alert with cranial nerves intact. The sclera was clear and there was no neck jugular venous distension. The request for authorization, dated 8-6-15, was for Valproic Acid 250mg #150 with four refills. The original Utilization review dated 8-12-15 partially certified the request for Valproic Acid 250mg #150 with four refills partially certified to Valproic Acid 250mg #150 with two refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valproic Acid 250mg #150 with four refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Loder E, Burch R, Rizzoli P. The 2012 AHS/AAN Guidelines for Prevention of Episodic Migraine: A Summary and Comparison with Other Recent Clinical Practice Guidelines. Headache 2012; 52:930-945.

Decision rationale: Valproate (Valproic Acid) is a medication primarily used to treat epilepsy and bipolar disorder and to prevent migraine headaches. It can be given intravenously or by mouth. Long acting formulations exist. The MTUS and the Official Disability Guideline do not address the use of this medication in the treatment/prevention of migraines. The American Headache Society (AHS) and the American Academy of Neurology (AAN) guidelines for treating migraine headaches describe use of valproate as a first-line therapy in treating this disorder. This patient has the diagnosis of migraine headaches. Use of valproate has controlled her headaches and allowed her to return to the workforce. There are no specific guidelines describing how many refills may be requested for this medication, so the number of refills requested should not enter into the approval process for use of this medication. Continued use of this medication remains a viable therapeutic option. Medical necessity has been established, therefore is medically necessary.