

Case Number:	CM14-0012427		
Date Assigned:	02/21/2014	Date of Injury:	10/17/2005
Decision Date:	07/11/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/30/2014

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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 53-year-old female who has submitted a claim for Post-traumatic Bilateral, Right-predominant Thoracic Outlet Syndrome; Cervical Radiculopathy with Degenerative Cervical Spine Disease; and Post-traumatic, Occipital Headache (Migraine Type) with Cervicogenic and Thoracic Outlet Syndrome Triggers, associated with an industrial injury date of October 17, 2005. Medical records from 2013 were reviewed, which showed that the patient complained of continuous left arm pain and left hand numbness and tingling. Similar symptoms were reported on the right upper extremity. On physical examination, the standard neurologic exam was noted to be normal. There was no edema in the supraclavicular fossa. There was periscapular weakness. Treatment to date has included Back Buoy chair support and medications including diclofenac 1 tablet PO BID (since January 2013). Utilization review from January 14, 2014 denied the request for prospective request for 6-month trial of Namenda, 28 mg per day, because the patient was not being treated for dementia and there were no guideline recommendations or scientific evidence to support the use of Namenda for the present treating diagnoses; and 1 prescription for Zipsor because significant functional gains were not realized with the use of this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR 6 MONTH TRIAL OF NAMENDA 28MG PER DAY:
Upheld

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 Other Medical Treatment Guideline or Medical Evidence: MedlinePlus, Memantine (<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a604006.html>).

Decision rationale: The CA MTUS does not specifically address memantine (Namenda). Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, MedlinePlus, a web site of the National Institutes of Health produced by the National Library of Medicine, was used instead. According to MedlinePlus, memantine is used to treat symptoms of Alzheimer's disease. In this case, an appeal dated January 3, 2014 stated that a six-month trial of Namenda was requested to prevent headaches. However guidelines are silent regarding the use of Namenda for headache prevention. The medical records also failed to provide scientific evidence supporting the use of Namenda for said purpose. The request for a six month trial of Namenda 28 mg is not medically necessary or appropriate.

PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF ZIPSOR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 46.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and they can cause gastrointestinal irritation or ulceration and renal or allergic problems. In addition, there is no evidence of long-term effectiveness for pain or function. In this case, diclofenac was being prescribed since January 2013 (6 months to date). An appeal dated January 3, 2014 stated that diclofenac is an essential tool in the management of the patient's neuropathic pain as it is anti-inflammatory and reduces edema, friction of the plexus, thus reducing pain, improving blood flow and enhances lymphatic return to the subclavian veins. A clear rationale for continued use of diclofenac was provided. However, the present request failed to specify the number of tablets to be dispensed as well as the dosage, frequency, and duration of use. Although continued use of diclofenac may be appropriate, the request is incomplete. The request for one prescription of Zipsor is not medically necessary or appropriate.