

Case Number:	CM14-0034286		
Date Assigned:	06/20/2014	Date of Injury:	02/26/2012
Decision Date:	08/15/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/19/2014

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 Psychiatry 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:

Injured worker is a 66 year old male with date of injury 2/26/2012. Date of the UR decision was 3/12/2014. Mechanism of injury was a slip and fall at work in which he landed on his face. He was noted to have developed Post traumatic head syndrome characterized by headaches, lightheadedness and dizziness. Report dated 9/24/2013 indicated that he has been suffering with anxiety and depression. Report dated 10/24/2013 suggested that Lunesta 2mg nightly was prescribed for sleep and Tramadol was discontinued. Report dated 1/10/2014 suggests that he was being prescribed Fluoxetine 20mg daily and Lunesta 2mg nightly. It was suggested that issues with depression and anxiety started in 2007. Injured worker has been given the diagnosis of Cognitive disorder NOS and Major Depressive disorder. It was indicated that he had some recall problems and had difficulty spelling WORLD backwards. However, a complete memory evaluation has not been done. MRI brain suggests that considering the brain damage, the issue might be permanent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Namenda 5mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.ncbi.nlm.nih.gov/pubmedhealth/PMHT0011075>.

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: FDA package insert - NAMENDA (Memantine Hydrochloride).

Decision rationale: FDA states that NAMENDA (Memantine Hydrochloride) is indicated for the treatment of moderate to severe dementia of the Alzheimer's type. There is a diagnosis of Cognitive disorder NOS which might be of permanent irreversible nature as per the MRI report. The documentation does not reveal any elaborate memory evaluation such as a Folstein Test. Therefore, the request for Namenda 5 mg #30 is not medically necessary.