

Case Number:	CM14-0037269		
Date Assigned:	06/25/2014	Date of Injury:	10/26/2009
Decision Date:	07/23/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/27/2014

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 Family 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:

This injured worker's date of injury is October 26, 2009. The treating physician is treating the patient for chronic pain syndrome, chronic daily headache syndrome, opioid dependence, and right leg weakness with atrophy. The patient also receives treatment for galactorrhea, Von Willebrand's Disease, major depression and irritable bowel. A lumbar spine MRI from February 20, 2014 shows loss of lumbar lordosis and a 3.8 mm disc protrusion at L5-S1. In the physician's note dated January 21, 2014, the physician requests Namenda 5mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Namenda 5mg TA #60 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Alternate Guidelines, www.ncbi.nlm.nih.gov/pubmed/19196860, Memantine for Neuropathic Pain.

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: Treatment of Dementia, by Daniel Press, MD, et al; Accessed Online.

Decision rationale: Namenda (memantine) is an NMDA receptor antagonist. This drug is approved for the treatment of moderate to severe Alzheimer's disease, often in combination with

donepezil. This drug is not medically indicated in the treatment of chronic pain, daily headache, or neuropathic pain. The request is not medically necessary.