

Case Number:	CM14-0039511		
Date Assigned:	06/27/2014	Date of Injury:	11/17/2005
Decision Date:	08/20/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	04/04/2014

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 67-year-old male who has submitted a claim for C5-C6 disc bulge with right sided radiculopathy, L3-4 herniation and diabetes mellitus associated with an industrial injury date of 11/17/2005. Medical records from 07/06/2013 to 06/27/2014 were reviewed and showed that patient complained of cervical and shoulder pain (grade not specified). There was associated numbness of the feet. Physical examination revealed no tenderness over the cervical and lumbar spine. Manual Muscle Testing (MMT) was intact for upper and lower extremities except for left hand grip (4/5). Sensation to light touch was intact in all extremities except in ulnar aspect of left hand and stocking gradient of lower calf. Deep Tendon Reflexes (DTRs) were 2+ except for bilateral ankle reflexes. Romberg test was negative. Treatment to date has included Metformin, Ibuprofen, Omeprazole, Simvastatin, Celebrex, Nuvigil, Namenda, Lyrica, and Enablex. Utilization review dated 03/10/2014 denied the request for Nemenda 10mg #60 because there was no explanation of how Namenda was used to treat the accepted injuries of the cervical and lumbar spine, as well as the right knee and diabetes mellitus.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nemenda 10mg #60: 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: 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, the patient was prescribed Nemenda 10mg QD #30 since 07/29/2013. There was no evidence of Alzheimer's disease found in the submitted medical records. MRI of the brain dated June 2012 was unremarkable. The medical necessity for use of Namenda has not been established. Therefore, the request for Nemenda 10mg #60 is not medically necessary.