

Case Number:	CM14-0161742		
Date Assigned:	10/07/2014	Date of Injury:	04/14/1999
Decision Date:	04/21/2015	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/02/2014

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. 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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 71 year old male, who sustained an industrial injury on 4/14/1999. The diagnoses have included recurrent major depressive disorder. Treatment to date has included psychiatric care and medication. According to the progress report dated 8/22/2014, the injured worker was seen for a regular psychiatric follow-up visit. He was noted to have been doing better regarding his depression since being on Wellbutrin. He had been having occasional crying spells. He reported sleeping only four hours each night. He had feelings of hopelessness at times. Current medications included Wellbutrin, Nuedexta and Namenda. Trazadone was added for insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Prescription of Nudexta 10/10mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Street.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a611048.html>.

Decision rationale: The combination of dextromethorphan and quinidine is used to treat pseudobulbar affect (PBA; a condition of sudden, frequent outbursts of crying or laughing that cannot be controlled) in people with certain conditions such as amyotrophic lateral sclerosis. The attached medical record does not indicate that the injured employee has been diagnosed with this condition. As such, this request for Nuedexta is not medically necessary.

(1) Prescription of Namenda XR 10mg, #30: 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
<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a604006.html>.

Decision rationale: Memantine is used to treat the symptoms of Alzheimer's disease and Memantine may improve the ability to think and remember or may slow the loss of these abilities in people who have AD. The attached medical record does not indicate that the injured employee has been diagnosed with Alzheimer's disease. Considering this, this request for Namenda XR is not medically necessary.