

Case Number:	CM15-0058512		
Date Assigned:	04/03/2015	Date of Injury:	02/01/2007
Decision Date:	05/07/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/27/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 58-year-old female, who sustained an industrial injury on 2/1/2007. She reported right wrist pain from repetitive use. Diagnoses have included complex regional pain syndrome (CRPS) of the right hand and arthropathy of the left hand. Treatment to date has included arthroplasty of the right hand, nerve blocks, cortisone injection and medication. The patient had received botox and radiofrequency injection for this injury. According to the progress noted dated 2/17/2015, the injured worker complained of pain in her upper extremities rated 6-7/10 on a daily basis. Physical examination revealed normal mood and affect. The pain was described as burning. The treatment plan was to continue Gabapentin and start Donepezil. Exam of the hands/wrists revealed tenderness to palpation over the right carpometacarpal and left thumb and strong grip strength. Authorization was requested for Donepezil 5mg #30. The past medical treatment include carcinoma of nose and back. The medication list includes Gabapentin, Cymbalta, Tylenol, Naproxen, Ibuprofen, naltrexone, Desipramine, Sonata, Ambien. The patient's surgical history include CTR, and stellate ganglion block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Donepezil 5 MG #30: Upheld

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

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, The Thompson Micromedex, FDA labeled indication for the Aricept-donepezil; Alzheimer's disease - Dementia (Mild to Moderate); Alzheimer's disease - Dementia (Moderate to Severe).

Decision rationale: Request: Donepezil 5 MG #30. CA MTUS/ACOEM and ODG do not address this request. Per the Thompson Micromedex, FDA labeled indication for the Aricept includes Alzheimer's disease- Dementia (Mild to Moderate) and Alzheimer's disease- Dementia (Moderate to Severe). Physical examination revealed normal mood and affect on 2/27/15. Evidence of Alzheimer's disease- Dementia is not specified in the records provided. Response to other treatment for headache/memory problems is not specified in the records provided. Any imaging studies of the brain to rule out any organic causes of headache and memory problems were not specified in the records provided. The request for Donepezil 5 MG #30 is not medically necessary for this patient.