

<b>Case Number:</b>	CM15-0080937		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	07/08/2011
<b>Decision Date:</b>	06/02/2015	<b>UR Denial Date:</b>	03/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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: California

Certification(s)/Specialty: Emergency Medicine

### 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 41 year old male, who sustained an industrial injury on 7/8/11. He reported low back, head, bilateral shoulders and leg injuries. The injured worker was diagnosed as having thoraco/lumbosacral radiculitis and cervicgia. Treatment to date has included oral medications including opioids and activity restrictions. Currently, the injured worker complains of pain in right shoulder, low back and left scapular region. Physical exam noted antalgic gait, limited range of motion of back and tenderness to palpation in lumbar and cervical region and limited range of motion in neck with tight muscle band in cervical region. The treatment plan included discontinuation of Norco, Baclofen, Gabapentin and continuation of tramadol, Percocet, Ibuprofen and Nuedexta.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nuedexta 10/20mg #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 and Stress, Nuedexta.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [en.wikipedia.org/wiki/Dextromethorphan/quinidine](http://en.wikipedia.org/wiki/Dextromethorphan/quinidine).

**Decision rationale:** The requested Nuedexta 10/20mg #60 is not medically necessary. CA MTUS and ODG are silent on this issue. [en.wikipedia.org/wiki/Dextromethorphan/quinidine](http://en.wikipedia.org/wiki/Dextromethorphan/quinidine) recommends this medication as a potential treatment for pseudobulbar affects. The injured worker has pain in right shoulder, low back and left scapular region. Physical exam noted antalgic gait, limited range of motion of back and tenderness to palpation in lumbar and cervical region and limited range of motion in neck with tight muscle band in cervical region. The treating physician has not documented evidence of the presence of psudobulbar affect nor any functional improvement from any previous use. The criteria noted above not having been met, Nuedexta 10/20mg #60 is not medically necessary.