

Case Number:	CM14-0147884		
Date Assigned:	09/15/2014	Date of Injury:	07/26/2012
Decision Date:	10/16/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/11/2014

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 Anesthesiology and Pain Medicine, and is licensed to practice in Florida. 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 injured worker is a 57-year-old female with a reported date of injury on 07/26/2012. The injury reportedly occurred due to an attempted robbery. Her diagnoses were noted to include major depressive disorder, somatoform disorder, pain disorder, general anxiety disorder, substance induced mood disorder, and substance related disorder. Her previous treatments were noted to include psychotherapy treatment and medications. The progress note dated 06/18/2014 revealed complaints the injured worker had not been able to distinguish between reality and what was not, due to delusional thinking. The provider indicated the injured worker was stable as she was prior to the industrial related injury. The provider indicated the injured worker had been both difficult to treat and medicate appropriately. The progress note dated 07/15/2014 revealed severe depression that was improving. The provider indicated he would like to see the injured worker once every 3 weeks for the next 2 months to continue her therapy and medication evaluation. The Request for Authorization form dated 07/15/2014 was for Nuedexta 20/10 mg twice a day #30 for anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Nuedexta 20/10mg, #30 (DOS: 07/15/14): 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 Dextromethorphan and Quinidine:MedlinePlus Drug information.

Decision rationale: The injured worker has been utilizing this medication since at least 06/2014. "The combination of dextromethorphan and quinidine is used to treat pseudobulbar affect (PBA; a condition of sudden, frequent outbursts of crying or laughing that can not be controlled) in people with certain conditions such as amyotrophic lateral sclerosis (ALS, Lou Gehrig's disease; condition in which the nerves that control muscle movement slowly die, causing the muscles to shrink and weaken) or multiple sclerosis (a disease in which the nerves do not function properly and patients may experience weakness, numbness, loss of muscle coordination and problems with vision, speech, and bladder control). Dextromethorphan is in a class of medications called central nervous system agents. The way it works in the brain to treat PBA is not known. Quinidine is in a class of medications called antiarrhythmics. When combined with dextromethorphan, quinidine works by increasing the amount of dextromethorphan in the body." The FDA approved diagnosis for Nuedexta is pseudobulbar affect, for which the injured worker has not been diagnosed. The provider indicated he was utilizing this medication to assist with her anxiety which is not a recommended use for this medication. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.