MAXIMUS Federal Services

Case Number:	CM15-0123907		
Date Assigned:	07/08/2015	Date of Injury:	06/03/2008
Decision Date:	08/05/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/29/2015

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: New Jersey, Alabama, California
Certification(s)/Specialty: Neurology, Neuromuscular 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 48 year old male, who sustained an industrial injury on 6/3/08. Initial complaint was of a low back injury. The injured worker was diagnosed as having lumbar disc displacement; lumbar disc degeneration; major depressive disorder, recurrent. Treatment to date has included physical therapy; status post laminectomy/anterior/posterior spinal fusion; caudal steroid injection; transforaminal steroid injection; medications. Currently, the PR-2 notes dated 2/2/15 indicated the injured worker complains of feeling very anxious since his Xanax has been reduce. Last time he was given only 30 pills instead of the prescribed 75. The provider documents the injured worker has been having morbid depression; feels stagnant and has no enjoyment. The injured worker reports he just stares at the TV, which he used to enjoy, and sleeps 5-6 hours a night. He has low energy and concentration with a fair appetite. Without medications, he does not sleep at all. He has feelings of hopelessness about his future. He is walking with the help of a cane and seems to be in some pain. He denied any suicidal ideations. There is no psychomotor agitation or retardation as noted by this provider. He also notes he takes care of his wife who has a mental illness and her depression is stable now. He continues to have back pain. The provider will continue the Cymbalta 30mg three times daily for depression; Abilify 10mg at night for mood stabilization, Xanax 0.5mg up to two times a day for anxiety; Trazadone 50mg at bedtime PRN for insomnia. The provider's has requested authorization of Nuedexta capsules 20/10mg #30 (30 days supply).

IMR ISSUES, DECISIONS AND RATIONALES

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

Nuedexta capsules 20-10mg, #30 (30 day supply): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://usdrugbase.com/drug/2540/40517.html.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cruz, M. P. (2013). "Nuedexta for the treatment of pseudobulbar affect: a condition of involuntary crying or laughing." P T 38(6): 325-328.

Decision rationale: Neudexta is indicated to treat pseudobulbar affect in patients with amyotrphic lateral sclerosis. In this case, there is no documentation that the patient has amyotrophic lateral sclerosis or pseudobulbar affect. Therefore, the request for Nuedexta capsules 20-10mg, #30 is not medically necessary.