

<b>Case Number:</b>	CM15-0124547		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	12/03/2014
<b>Decision Date:</b>	08/07/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: North Carolina

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 male, who sustained an industrial injury on December 3, 2014. He reported a head injury. The injured worker was diagnosed as having contusion of face; headache; concussion, loss of consciousness; and stress, acute situational disturbance. Diagnostic studies to date have included: The medication records refer to a CT scan being performed on December 3, 2014, but the results are not in the provided documentation. Treatment to date has included cognitive behavior therapy, and medications including Namenda, antidepressant, sleep, and non-steroidal anti-inflammatory. There were no noted previous injuries or dates of injury, and no noted comorbidities. On June 1, 2015, the injured worker reports the Namenda is helping his short-term memory tremendously and he has not noticed any side effects. The physical exam was unremarkable. The treatment plan includes refilling the Namenda 7mg and he may return to work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Namenda 7 mg Qty 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 PDR, namenda.

**Decision rationale:** The California MTUS, ODG and ACOEM do not specifically address the requested service. The physician desk reference states the requested medication is indicated in the treatment of dementia secondary to Alzheimer's disease. The patient doe shave cognitive impairments but not a diagnosis of Alzheimer's disease. Therefore, the request is not medically necessary.