

Case Number:	CM15-0127179		
Date Assigned:	07/13/2015	Date of Injury:	05/14/2008
Decision Date:	08/10/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/01/2015

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 50 year old male who sustained an industrial injury on 05/14/08. Initial complaints and diagnoses are not available. Treatments to date include medications, right ankle surgery, pelvic surgery, and a penile implant. Diagnostic studies include multiple x-rays, a CT scan of the abdomen and pelvis, and a MRI of the lumbar spine. Current complaints include depression and chronic pain. Current diagnoses include pseudobulbar affect and depression. In a progress note dated 06/11/15 the treating provider reports the plan of care as Neudexta, as well as Brintellix, bupropion XL, mirtazapine, Latuda, and trazadone. The requested treatment includes Neudexta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nuedexta 20/10mg #60 with 6 refills: 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 & Stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Nuedexta. <http://www.odg-twc.com/index.html>.

Decision rationale: According to ODG guidelines, Nuedexta is not recommended for pain; Not recommended for conditions covered in ODG. The FDA has approved this treatment for pseudobulbar affect (PBA) in adults (Nuedexta, [REDACTED]), a combination of dextromethorphan hydrobromide and quinidine sulphate. PBA is seen in a number of neurologic conditions and is characterized by sudden and uncontrollable bouts of laughing or crying that is either unrelated or disproportionate to the emotional state of the patient. This agent has been studied to date in patients with multiple sclerosis (MS) and amyotrophic lateral sclerosis (ALS). PBA occurs when neurological disorders such as MS or stroke damage areas of the brain involved in the control of normal expression of emotion. Although it is not a life-threatening condition, it can have a significant effect on the patient's ability to interact normally in society and their relationships. Nuedexta is not suitable for treating episodes of laughing or crying brought on by mood swings and not due to pseudobulbar affect. (FDA, 2012) There are no quality published studies of the off label use of Nuedexta to treat chronic neuropathic pain. There had been a study initiated to compare the effectiveness of dextromethorphan at reducing hyperalgesia in individuals addicted to opioids, but this study was discontinued. (NCT, 2008) There is no documentation that the patient fulfilled the indications of Nuedexta mentioned below. Therefore, the request for Nuedexta 20/10mg #60 with 6 refills is not medically necessary.