

Case Number:	CM15-0176683		
Date Assigned:	09/17/2015	Date of Injury:	07/24/2014
Decision Date:	10/22/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/08/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 30 year old male who sustained an industrial injury on 7-24-14 from a fall, landing on his right side with diagnoses of right chest wall contusion with right 7th rib fracture; facial contusion without fracture; concussion; fracture of tooth; right shoulder rotator cuff tear and humeral head compression fracture; multiple soft tissue contusions and abrasions. Current diagnoses included severe post-concussion syndrome; right fascial nerve paralysis; fracture of maxillofacial bone, right; right rib fracture; right shoulder arthroscopy (1-14-15). He currently (per 8-18-15 physical therapy progress note) complains of right shoulder pain with a pain level of 5-6 out of 10. In the 7-30-15 progress note he complained of right shoulder pain. On physical exam (7-30-15) right shoulder range of motion (next word not decipherable), right bicep in good position, tenderness to palpation right shoulder. Treatments to date include status post arthroscopic partial labrectomy, Bankert reconstruction, Mumford procedure, partial acromionectomy, partial synovectomy (1-14-15); physical therapy; medications: meloxicam, Effexor, naproxen, Flexeril, Percocet; home exercise program; sling. All progress notes were hand written and difficult to decipher. The request and progress notes regarding Namenda XR 30mg #30 were not present. On 8-31-15 utilization review non-certified the request for Namenda XR 14mg #14 based on the only indication for the medication is in the treatment of dementia of Alzheimer's which does not appear to be the case here.

IMR ISSUES, DECISIONS AND RATIONALES

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

Namenda XR 14mg #14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<https://www.nlm.nih.gov/medlineplus/druginfo/meds/a604006.html>.

Decision rationale: Pursuant to Medline plus, Namenda XR 14 mg #14 is not medically necessary. Memantine is used to treat the symptoms of Alzheimer's disease (AD; a brain disease that slowly destroys the memory and the ability to think, learn, communicate and handle daily activities). Memantine is in a class of medications called NMDA receptor antagonists. It works by decreasing abnormal activity in the brain. Memantine may improve the ability to think and remember or may slow the loss of these abilities in people who have AD. However, Memantine will not cure AD or prevent the loss of these abilities at some time in the future. In this case, the injured worker's working diagnosis is postconcussion syndrome. The date of injury is July 24, 2014. Request for authorization is August 24, 2015. According to a July 21, 2015 progress note, the injured worker fell from a ladder with loss of consciousness. There were no records available to the treating neurologist at the time of the evaluation. The injured worker sustained a shoulder injury and subsequent surgery. Documentation indicates the injured worker has impaired memory, concentration and emotional liability. There is no documentation of dementia. According to an August 18, 2015 progress note, the injured worker returned to light duty. Objectively, hypertension is decreased. There is no mental status examination. There is no objective evidence of dementia in the medical record. There are no diagnoses including dementia in the medical record. Namenda is indicated to treat symptoms of Alzheimer's disease (dementia). Based on the clinical information in the medical record and peer-reviewed evidence-based guidelines, no documentation of dementia in medical record and no clinical indication or rationale for Namenda based on the clinical information, Namenda XR 14 mg #14 is not medically necessary.