MAXIMUS Federal Services

Case Number:	CM15-0176759		
Date Assigned:	09/17/2015	Date of Injury:	10/09/2014
Decision Date:	10/20/2015	UR Denial Date:	09/01/2015
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
Certification(s)/Specialty: Preventive Medicine, Occupational 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 56 year old male who sustained an industrial injury on 10-09-2014. Diagnoses include strain-sprain of the ankle and headaches. A physician progress note dated 08-21-2015 documents the injured worker complains of right ankle and foot pain and headaches. He has received Botox injections but has not had improvement in his headaches yet. His right ankle pain is moderate and intermittent. His headaches are unchanged and are moderate and frequent. He does not feel Namenda has provided much relief for his headaches. He has decreased cervical range of motion and tenderness is present. He has tenderness of the lateral malleolus of the right ankle. On 08-06-2015, he was seen by neurology and Botox injections were administered for his chronic daily headaches. A physician progress note dated 07-31-2015 noted the injured worker has complaints of right ankle pain and discomfort that is unchanged and persistent headaches that are moderate. He has continued cervical back pain and tenderness and decreased range of motion. He was to continue Namenda and Nortriptyline. A physician progress note dated 05-29-2015 the injured worker complains of increased ankle pain and an increase in headaches. He was seen in the headache clinic and Namenda was prescribed for headache prophylaxis. A secondary physician progress note dated 05-22-2015 notes the injured worker has complaints of daily frontal headaches, with intermittent nausea and vomiting, photophobia and phonophobia. He is taking Elavil and Zanaflex without significant benefit. He complains of increasing memory loss causing some difficulty with his job. The injured worker is agreeable to switch from Elavil to Namenda. In a progress note dated 04-01-2015 the injured worker feels improvement in his headaches with acupuncture. Treatment to date has included

diagnostic studies, medications, a three day hospital stay and neurology evaluation and work-up, and acupuncture. An MRI of the right ankle showed mild to moderate tendinosis at the watershed zone right Achilles tendon. There is no Achilles tendon tear. Current medications include Zanaflex, Amitriptyline. He was released to full duty as of 04-29-2015. On 09-01-2015 the Utilization Review non-certified the requested treatment Memantine 10mg #60 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Memantine 10mg #60 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation US National Library of Medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.namendaxrhcp.com/?, http://www.medscape.com/viewarticle/723242_4.

Decision rationale: MTUS and ODG Guidelines do not address this issue. A review of the literature reveals that the FDA approved indication for Memantine is for Alzheimer Dementia. However, there is reasonable evidence for at least a trial and possible use of recalcitrant daily headaches that do not respond to first line treatment. This individual has had prior trials of several medications and Botox injections without benefit, which makes a trial of Memantine reasonable on an off label basis. It is documented that she could not get it filled and did not start it until the end of July. Toward the end of August (20+) days after it is documented that she has received no meaningful benefit. The titration period is 21 days. Under these circumstances the continued use of Memantine is not medically reasonable on an off label basis as no significant benefit is reported on a trial basis. If there is good evidence to support a longer trial this can be communicated and re-reviewed, but at this point in time the medication was not effective and is not supported on an off label basis.