

Case Number:	CM15-0070831		
Date Assigned:	04/20/2015	Date of Injury:	07/16/1996
Decision Date:	05/19/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/14/2015

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 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:

This 61 year old female sustained an industrial injury to the head on 7/16/96. Recent treatment included psychiatric care, psychotherapy and medications. In a PR-2 dated 2/2/15, the physician noted that the injured worker was doing well but continued experience mild cognitive impairment as a consequence of her head injury at work. The injured worker complained of chronic stress-induced tension and migraine headaches. The injured worker was working part-time. Physical exam was remarkable for appropriate affect with euthymic mood, linear thought process, occasional anxious and depressive ruminations and mildly impaired ability to concentrate. Current diagnoses included single episode major depression in partial remission and cognitive disorder. The treatment plan included outpatient psychiatric sessions every 60 days, starting psychotherapy with a new therapist and medications (Silenor, Hydergine, Ropinirole, Aricept, Celebrex, Tiagabine, Ambien, Wellbutrin-XL, Lorazepam and Piracetam) and light box therapy in the mornings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Aricept 10mg #180: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.pdr.net/drug-summary/aricept?druglabelid=138>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2014: Aricept.

Decision rationale: Donepezil, marketed under the trade name Aricept by its developer [REDACTED] and partner [REDACTED], and now sold as a generic by multiple suppliers, is a centrally acting reversible acetylcholinesterase inhibitor. Its main therapeutic use is in the palliative treatment of Alzheimer's disease. Common side effects include gastrointestinal upset. It has an oral bioavailability of 100% and easily crosses the blood/brain barrier. Because it has a biological half-life of about 70 hours, it can be taken once a day. Per the documentation the claimant has diagnoses of major depression in partial remission and cognitive disorder. There is no specific indication for the use of Aricept for the treatment of her condition. Medical necessity for the requested item is not established. The requested item is not medically necessary.