

Case Number:	CM15-0078194		
Date Assigned:	04/29/2015	Date of Injury:	08/21/2007
Decision Date:	05/28/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/23/2015

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 60 year old male, who sustained an industrial injury on August 21, 2007. He has reported headache, confusion, speech difficulties, chronic fatigue, and difficulty walking. Diagnoses have included head injury with skull fracture, ocular nerve palsy from skull fracture, diplopia secondary to injury, mood disorder secondary to traumatic brain injury, frontal lobe syndrome, cognitive disorder secondary to traumatic brain injury, and diabetes. Treatment to date has included craniotomy and medications. A progress note dated February 9, 2015 indicates a chief complaint of sleepiness and lack of energy secondary to medications. The treating physician requested approval for medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Excelon 1.5mg qty: 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/Exelon.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.pdrhealth.com/drugs/exelon>.

Decision rationale: Pursuant to PDR Health, Exelon 1.5 mg # 60 is not medically necessary. Exelon is used to treat mild to moderate dementia and Alzheimer's disease and Parkinson's disease patients. For additional details see the attached link. In this case, the injured worker sustained a skull fracture when a pallet struck his head. The injured worker underwent craniotomy and loss of consciousness. He sustained ocular nerve palsy from skull fracture, diplopia, mood disorder secondary to TBI, frontal lobe syndrome, cognitive disorder. Other medical issues included hypertension and diabetes. The injured worker developed a spinal fluid leak. The injured worker tried and failed Aricept and Namenda. The request for authorization was dated March 9, 2015. The most recent progress note in the medical record from the prescribing provider is dated February 9, 2015 (the neurologist/psychiatrist). The assessment stated Namenda was not providing effective improvement and recommended Adderall. There was no discussion or mention of Exelon 1.5 mg. A prescription for Exelon 1.5 mg was present in the medical record dated March 2, 2015. However, there was no contemporaneous progress note on or about that date. There is no physical examination or mental status examination. More specifically, the documentation is lacking baseline attention span, concentration, judgment and memory. A quantitative objective examination with functional improvement will not be clearly demonstrated to adequately assess efficacy. Consequently, absent clinical documentation with a contemporaneous progress note, physical examination and in-depth mental status dissemination, Exelon 1.5 mg # 60 is not medically necessary.