

Case Number:	CM15-0090793		
Date Assigned:	05/15/2015	Date of Injury:	08/30/2004
Decision Date:	06/16/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/11/2015

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, Pulmonary Disease

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 49 year old female, who sustained an industrial injury on 8/30/04. She reported pain in her lower back. The injured worker was diagnosed as having lumbosacral radiculopathy with low back pain radiating down legs. Treatment to date has included a lumbar MRI on 7/11/14, L4 nerve root block, a trial of a spinal cord stimulator (with no benefit), physical therapy and Norco. As of the PR2 dated 4/21/15, the injured worker reports continued familiar pain without change of character or location. She rates her pain an 8/10. She is using Nortriptyline 200mg with side effect of xerostomia that is worsening. Previously improved with donepezil, now off and wants to go back on. Objective findings include tenderness to palpation in the lumbar paraspinal muscles and pain with flexion. The treating physician requested Aricept 10mg #60 x 1 refill and Norco 10/325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aricept/Donepezil 10mg #60 with 1 refill: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aricept, FDA approved package insert.

Decision rationale: The patient is a 49 year old female with an injury on 08/30/2004. She has low back pain with lumbar radiculopathy. She does not have dementia. She has no FDA approved indication for Aricept and the use of Aricept in this patient is experimental and investigative treatment. The request is not medically necessary.

Hydrocodone / Acetaminophen / Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78 - 79.

Decision rationale: The patient is a 49 year old female with an injury on 08/30/2004. She has low back pain with lumbar radiculopathy. MTUS, chronic pain guidelines for continued treatment with opiates require objective documentation of improved functionality with respect to the ability to do activities of daily living or work and monitoring for efficacy, adverse effects and abnormal drug seeking behavior. The documentation provided for review does not meet these criteria. The request is not medically necessary.