

Case Number:	CM15-0098532		
Date Assigned:	06/03/2015	Date of Injury:	07/19/2012
Decision Date:	07/10/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	05/22/2015

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 Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 58 year old male who reported an industrial injury on 7/19/2012. His diagnoses, and/or impressions, are noted to include: lumbar facet syndrome; probable post-traumatic headaches; and probable mild post-traumatic bilateral lower extremity hypoesthesia, rule-out peripheral neuropathy; post-traumatic anxiety and depression; and probable post-traumatic insomnia. Recent electroencephalogram, electronystagmogram, and vestibular automation test were done on 8/26/2014, with noted normal results and recommendation for vestibular rehabilitation; no imaging studies are noted. His treatments have included diagnostic testing; medication management; and rest from work, as he is now stated to be retired. The progress notes of 5/11/2015 noted continued, moderate, bilateral lower back pain with lower extremity numbness and weak knees that give-out, resulting in falling; severe, radiating, occipital headache pain, to the ears, mostly in the afternoon and night; dizziness after showering; significant memory loss, to include words of prayers; worsening emotional mood swings and irritability; tinnitus; photo-sensitivity; and loss of concentration. The physician's requests for treatments were noted to include oral Ergoloid Mesylates, for memory loss.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ergoloid mesylates oral 1mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ergoloid mesylates (Rx) Hydergine. <http://reference.medscape.com/drug/ergoloid-mesylates-343060>.

Decision rationale: According to Medscape, Ergoloid mesylates is indicated in case of Age-Related Mental Decline & Alzheimer's Dementia. There is no documentation that the patient developed mental decline related to Alzheimer disease. The patient was diagnosed with post traumatic headache and memory loss; however there is no better characterization of the cognitive impairment. There are no controlled studies supporting the use of Ergoloid mesylates in post-traumatic cognitive decline. Therefore, the request for Ergoloid mesylates oral 1mg #60 is not medically necessary.