

Case Number:	CM13-0005479		
Date Assigned:	08/14/2013	Date of Injury:	10/16/2009
Decision Date:	01/21/2014	UR Denial Date:	07/12/2013
Priority:	Standard	Application Received:	07/31/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Oklahoma and Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations

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 patient is a 55-year-old female who reported an injury on 10/16/2009. The mechanism of injury was noted to be a cumulative industrial injury. The patient's diagnoses included depressive disorder, sexual disorder, and opioid dependence. Her other medications were noted as Cymbalta 60 mg daily and Seroquel 300mg at bedtime.

IMR ISSUES, DECISIONS AND RATIONALES

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

Deplin 15mg tablets: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, Folate (for depressive disorders)

Decision rationale: Official Disability Guidelines state that folate is under study for depressive disorders. The limited available evidence suggests folate may have a potential role as a supplement to other treatment for depression. However, it is currently unclear if this is the case both for people with normal folate levels and for those with folate deficiencies. The guidelines further state that a trial of oral doses of both folic acid and vitamin B12 may be tried to improve

treatment outcome and depression, with continuation depending on results. The patient does have a diagnosis of depressive disorder. However, in his most recent office note on 07/03/2013, [REDACTED] noted that the patient's prescription for Deplin would be discontinued as there was no clear justification for its use. As this medication was stated to have been stopped, the

Klonopin 0.5mg tablets #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: California MTUS Guidelines state that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. It is stated that most guidelines limit use to 4 weeks. The patient was noted to have been tapering off of her Klonopin in the note from 07/03/2013. As it was noted that this patient was going to be stopping the medication and it is not recommended for long-term use, the request is non-certified. Therefore, the request is non-certified.