

Case Number:	CM13-0021009		
Date Assigned:	10/11/2013	Date of Injury:	10/16/2009
Decision Date:	10/09/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/06/2013

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. The expert reviewer is Board Certified in Psychiatry, has a subspecialty in Neurology and is licensed to practice in California. 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/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:

According to the records made available for review, this is a 55-year-old female with a 10/16/09 date of injury. At the time (8/30/13) of the request for authorization for Deplin 15 mg tablets, there is documentation of subjective (very frustrated) and objective (denies suicidal or homicidal ideation, no paranoia, insight and judgment are fair) findings, current diagnoses (major depressive disorder), and treatment to date (medication including Deplin for over a year). There is no documentation that the product is a food for oral or tube feeding and labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with Deplin use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Deplin 15 mg tablets: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-102.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter,

Medical Food and <http://www.ptlcentral.com/medical-foods-products.php>.

Decision rationale: An online source identifies Deplin as a Medical Food, containing L-methylfolate, the active dietary form of the vitamin B9 (folate). MTUS does not address the issue. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that the product must be a food for oral or tube feeding; must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; and must be used under medical supervision; as criteria to support the medical necessity of medical food. Within the medical information available for review, there is documentation of diagnoses of major depressive disorder. In addition, there is documentation that Deplin is used under medical supervision. However, there is no documentation that the product is a food for oral or tube feeding and labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements. In addition, giving documentation of treatment with Deplin for over a year, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with Deplin use to date. Therefore, based on guidelines and a review of the evidence, the request for Deplin 15 mg tablets is not medically necessary.