

Case Number:	CM14-0000641		
Date Assigned:	01/17/2014	Date of Injury:	04/13/2006
Decision Date:	04/22/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/02/2014

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 Psychiatry 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 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 53-year-old man with date of injury of 4/13/2006 and is being treated for chronic lower back pain and major depression. He is in ongoing psychotherapy and psychopharmacology medication management. On 4/8/2013 his Cymbalta which caused dizzy spells was switched to Paxil. The report that was done on 10/18/2013 notes that most of his difficulties are due to pain but he is able to attend to most ADLs still though he has socialized less and believes this to be due to pain and depression. His pain and concern about his future were leading to depression and anxiety. He was feeling more isolative, easily angered, tearful and preoccupied with his physical limitations. Psychotropic medication at the time was Wellbutrin. On 12/3/2013 he was noted to be depressed.

IMR ISSUES, DECISIONS AND RATIONALES

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

DEPLIN 15MG, ONE DAILY, #30, 2 REFILLS (DOS 12-12-13): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain and Mental Illness

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical

Evidence: American Psychiatric Association (APA) Practice Guideline for the Treatment of Patients with Major Depressive Disorder, page 51

Decision rationale: The ODG Guidelines, Mental Illness and Stress chapter notes "Folate may have a potential role as a supplement to other treatment for depression." While the chronic pain chapter states "L-Methylfolate is not an antidepressant, but may make antidepressants work better by correcting Folate levels in the brain." The APA guideline notes that low Folate have been associated with lack of response to antidepressant treatment and those who take Folate supplementation have a better treatment response to antidepressants. As per the guidelines quoted L-Methylfolate is a reasonable strategy for augmenting antidepressants, although not that commonly prescribed is in accordance with good practice, limited but clear evidence of its efficacy exists and is thus medically necessary.