

<b>Case Number:</b>	CM14-0018898		
<b>Date Assigned:</b>	04/21/2014	<b>Date of Injury:</b>	01/25/2008
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	02/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/14/2014

### 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 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:

The injured worker is a 50 year old female with date of injury 1/25/2008. Date of the UR decision was 2/4/2014. Self report by the injured worker dated 2/10/2014 mentioned that Enlyte had been helpful for her depression, anxiety and nightmares. Progress Report dated 6/12/2013 suggested that her panic attacks were controlled with Valium 5 mg in mornings and 10 mg nightly. She reported depression, however did not want to be on antidepressants at that time due to side effects or lack of efficacy in the past. She was diagnosed with Post Traumatic Stress Disorder and Major Depression, single episode, moderate. She was continued to be educated regarding the use of antidepressant medications for her symptoms and she was subsequently started on Wellbutrin the 9/11/2013 visit. Report from 12/11/2013 suggested that she felt improvement in her depression since she had been taking Wellbutrin XL 150 mg and EnLyte 16 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ENLYTE 16MG #30:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS: Official Disability Guidelines

(ODG),Mental & Stress,Folate (for depressive disorders), and on the Non-MTUS:Other Medical Treatment Guideline or Medical Evidence: Enlyterx online version.

**Decision rationale:** Per ODG, the use of Folate (for depressive disorders) is under study. The limited available evidence suggests folate may have a potential role as a supplement to other treatment for depression. It is currently unclear if this is the case both for people with normal folate levels, and for those with folate deficiency. (Taylor, 2004) Some studies have shown that folic acid may be a simple method of greatly improving the antidepressant action of fluoxetine and other antidepressants (Coppen, 2002) but another meta analysis concludes that none of the CAM studies show evidence of efficacy in depression according to the hierarchy of evidence. (Thachil, 2006) Multiple studies show that a low dietary intake of folate may be a risk factor for severe depression. (Tolmunen, 2004) (Papakostas, 2004) (Lerner, 2006) A trial of oral doses of both folic acid (800 microg daily) and vitamin B12 (1 mg daily) may be tried to improve treatment outcome in depression, with continuation depending on results. (Coppen, 2005) (Thachil, 2006). The request for Enlyte 16 mg # 30 is not medically necessary due to limited medical evidence for the benefits of Enlyte in patients with no folate deficiency.