

<b>Case Number:</b>	CM14-0116725		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	03/18/1997
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2014

### 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 Physical Medicine and Rehabilitation 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:

This is a 62 year old female with a 3/18/1997 date of injury. The exact mechanism of the original injury was not clearly described. The only report, an AME from 9/27/2012 available for review noted subjective complaints of neck and limb pain, as well as bowel and bladder difficulties. Objective findings included decreased cervical Range of Motion (ROM) and ambulation with walker. Diagnostic Impression: neurogenic bowel and bladder, chronic low back pain Treatment to Date: medication management, aquatic therapy, acupuncture A Utilization Review (UR) decision dated 7/16/14 denied the request for Deplin 15 mg for the lumbar spine, cervical spine, chronic pain, neurologic systems, memory deficit, and bowel and bladder. The medical records do not document such distinct nutritional requirement to support an indication for this medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Special Supplies Phys/QHP (Deplin 15mg for the lumbar spine, cervical spine, chronic pain, neurologic systems, memory deficit and bowel and bladder): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th edition (web), Low Back - Gym Memberships; Pain, - Provigil, Insomnia Treatment, Medical foods;

**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: FDA (Deplin)

**Decision rationale:** CA MTUS and ODG do not specifically address this issue. The FDA states that Deplin is used in the treatment of folic acid deficiency, depression, borderline personality disorder, hyperhomocysteinemia and belongs to the drug class vitamins. However, in the records available for review there is no documentation of folic acid deficiency or any other condition that would warrant the use of Deplin. It is unclear how this medication would be of benefit to the patient. Additionally, the frequency, duration, and quantity are not specified in this request. Therefore the request for special supplies phys/QHP (Deplin 15 mg for the lumbar spine, cervical spine, chronic pain, neurologic systems, memory deficit and bowel and bladder) was not medically necessary.