

<b>Case Number:</b>	CM14-0166981		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	12/03/2003
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	09/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2014

### 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 Occupational Medicine 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:

Patient is a 40 year-old female with date of injury 12/03/2003. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 08/18/2014, lists subjective complaints as pain in the neck and upper right extremity. Objective findings: Examination of the cervical spine revealed restricted range of motion in all planes due to pain. Examination of the right upper extremity was difficult because of marked allodynia extending to the mid forearm. Patient was unable to make a fist or fully extend her fingers or thumb. She was able to oppose the thumb and index finger. There was full range of motion of the left shoulder and no noted allodynia. Diagnosis: 1. Causalgia of upper limb 2. Depressive disorder, not elsewhere classified 3. Insomnia, unspecified. First reviewer modified the original request to a) Norco 10/325mg, #90. The medical records supplied for review document that the patient has been taking Norco for at least as far back as six months. Patient was first prescribed Deplin on 08/18/2014. Medications: 1. Norco 10/325 mg, #150 SIG: 1-2 pills QID2. Deplin 15 mg, #30 SIG: 1 pill QD.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96.

**Decision rationale:** A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics, the patient has reported very little functional improvement over the course of 6 months. Norco 10/325 mg #150 is not medically necessary.

**Deplin 15 mg #30 with 1 refill:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Workers Compensation, Pain Chapter, Last updated 09/23/2014, Deplin.

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

**Decision rationale:** Deplin (L-methylfolate) is a medical food for use in people who have conditions related to folate deficiency. L-methylfolate is also used in people with major depressive disorder who have folate deficiency, or in people with schizophrenia who have hyperhomocysteinemia related to folate deficiency. Medical food is defined in section 5(b) of the Orphan Drug Act (21 U.s.c.360ee (b) (3)) as "a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation." Medical foods do not have to be registered with the FDA and as such are not typically subject to the rigorous scrutiny necessary to allow recommendation by evidence-based guidelines. Deplin 15 mg #30 with 1 refill is not medically necessary.