

<b>Case Number:</b>	CM14-0064266		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	02/09/2011
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	04/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2014

### 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:

The attorney signed the request for the independent medical review on May 8, 2014, 268 pages were provided. This request for the Deplin-Algil Oil was not medically necessary. There was no current medical narrative report documenting the medical necessity for this request. There was a note from [REDACTED] dated June 30, 2014. The claimant walks with the help of a walker. Her affect remains influenced by chronic pain. She was recently denied Remeron after several years of approval. The counselor allowed her the opportunity to express frustration and emotional distress. There was another update report from June 9, 2014. She was back to over-the-counter Aleve and using remnants of Lidoderm patches. She was using admixtures of opiates and muscle relaxants in the past. Medicines included Cymbalta, Trazodone, Remeron, Diazepam, Seroquel, and Deplin-Methyl Folate. It is a supplement but the nurse practitioner feels it is effective. Several other psychiatric notes were provided. There was a [REDACTED] note from January 31, 2014. The diagnoses were sleep disturbances, unspecified psychosis, failed back surgery of the lumbar, suicidal ideation, anxiety, myalgia and myositis and pain in the knee. There was a note from [REDACTED] that describes this medicine as a concentrated Folic Acid that is in a ready-to-use metabolized form. It is used for refractory depression and also for reducing neuropathic pain. Folate enhances the efficacy of antidepressants and pain medicines. There was also a direct effect on neuropathic symptoms. Several other notes from the [REDACTED] were examined. This patient as of January 21, 2014 was 62 and she fell on December 9, 2013 and reported diffuse knee pain and swelling since. She also stated a history of tibial nondisplaced fracture on September 11, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Deplin-Algal Oil 15-90.314 #90: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, under Deplin, and also Mental Health under Folate.

**Decision rationale:** The attorney signed the request for the independent medical review on May 8, 2014, 268 pages were provided. This request for the Deplin-Algal Oil was not medically necessary. There was no current medical narrative report documenting the medical necessity for this request. There was a note from [REDACTED] dated June 30, 2014. The claimant walks with the help of a walker. Her affect remains influenced by chronic pain. She was recently denied Remeron after several years of approval. The counselor allowed her the opportunity to express frustration and emotional distress. There was another update report from June 9, 2014. She was back to over-the-counter Aleve and using remnants of Lidoderm patches. She was using admixtures of opiates and muscle relaxants in the past. Medicines included Cymbalta, Trazodone, Remeron, Diazepam, Seroquel, and Deplin-Methyl Folate. It is a supplement but the nurse practitioner feels it is effective. Several other psychiatric notes were provided. There was a [REDACTED] note from January 31, 2014. The diagnoses were sleep disturbances, unspecified psychosis, failed back surgery of the lumbar, suicidal ideation, anxiety, myalgia and myositis and pain in the knee. There was a note from [REDACTED] that describes this medicine as a concentrated Folic Acid that is in a ready-to-use metabolized form. It is used for refractory depression and also for reducing neuropathic pain. Folate enhances the efficacy of antidepressants and pain medicines. There was also a direct effect on neuropathic symptoms. Several other notes from the [REDACTED] were examined. This patient as of January 21, 2014 was 62 and she fell on December 9, 2013 and reported diffuse knee pain and swelling since. She also stated a history of tibial nondisplaced fracture on September 11, 2013.