

Case Number:	CM14-0074759		
Date Assigned:	07/16/2014	Date of Injury:	06/26/2009
Decision Date:	09/24/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/22/2014

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 patient is a 44 year old female who was injured on 06/26/2009. The mechanism of injury is unknown. RFA dated 12/01/2013 states the patient presented for follow-up for medication management. She was taking Prazosin 1 mg which she reported helps her to sleep and helps with nightmares. She is taking Lexapro 20 mg; Deplin 15 mg, Ativan 1 mg, Abilify 5 mg and Lunesta 2 mg. On exam, her mood and affect were appropriate to mood anxious. Her thought content revealed no homicidal or suicidal ideation. She is diagnosed with major depression, post-traumatic stress disorder; generalized anxiety disorder; agoraphobia without history of panic disorder. She was instructed to continue with her medication including Deplin 15 mg. Prior utilization review dated 04/23/2014 states the request for Deplin 15mg #30; one (1) every AM with three (3) refills is denied as the medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Deplin 15mg #30; one (1) every AM with three (3) refills: 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), Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain, Deplin; Mental Illness and Stress, Folate (for depressive disorders).

Decision rationale: MTUS guidelines do not address the request. According to ODG guidelines, Folate for the treatment of depression is under study. In this case, Deplin, a medical food containing Folate, is requested for a 44-year-old female injured on 6/26/09 with depression, anxiety, and PTSD. However, efficacy of Folate for the treatment of depression is not clear. Further, there is no documentation of Folate deficiency. Therefore, the request is not medically necessary.