MAXIMUS Federal Services

Case Number:	CM14-0196229		
Date Assigned:	12/04/2014	Date of Injury:	07/12/2013
Decision Date:	01/20/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	11/24/2014

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 Family Medicine and is licensed to practice in California and Texas. 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 53 year old female patient who sustained a work related injury on 7/12/13. Patient sustained the injury when she was involved in a motor vehicle accident.She had loss of consciousness and constant throbbing headaches after accident. The current diagnoses include headache syndrome, migraine without aura with intractable migraine, cervicalgia and muscle spasms. Per the doctor's note dated 9/26/14, patient has complaints of chronic neck and thoracic pain. Per the doctor's note dated 7/31/14 patient had complaints of headache and pain at 4-5/10. Physical examination of the cervical spine revealed restricted range of motion, paravertebral muscle tenderness and tight muscle band on the left, Sensation and reflexes were normal and intact and negative all special tests. Her psychiatric examination includes no catatonic sign, no conversion sign, no Hallucinatory behavior, she was depressed, despaired and in anhedonia, affect was flat, no psychomotor retardation or agitation, no hypomania or psychosis. The current medication lists include Flexeril, gabapentin, metformin, Abilify, Deplin and Cymbalta.The patient has had X-ray of the cervical spine on 8/02/13 that revealed severe degenerative changes from C4-5 through C6-7; MRI of brain on 8/13/14 that was normal. The patient's surgical histories include lumpectomy in 10/2007 and in 10/2011 double mastectomy. She has had a left greater occipital nerve block on 1/27/14 with resulting 50% pain improvement with headaches and less pins and needles. She had received Botox injections for this injury. The patient has received an unspecified number of the PT visits for this injury. She has had 5 sessions of physical therapy with some temporary relief. The patient has had Urine drug screen on 9/17/13 that was negative for any illicit substances or opiate. She was certified for 8 cognitive behavioral therapy sessions and 12 psychotherapy sessions for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

DEPLIN 15MG #30 WITH 11 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG. Treatment in Workers Compensation

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 8th Edition (web), Chapter- Pain (updated 12/31/14) Thompson Micromedex-Deplin, FDA Labeled indications

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) does not address this request.Deplin is used for dietary management of low plasma or low red blood cell folate in certain patients Deplin (7.5 and 15 L-methylfolate), is a medical food, along with an antidepressant effect The [redacted]-FDA Labeled indications include megaloblastic anemiaAny evidence of megaloblastic anemia was not specified in the records provided According to the ODG guidelines, Medical food is, " 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. "ODG quoting the FDA specifically states "To be considered the product must, at a minimum, meet the following criteria :(2) the product must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements." Any evidence of a dietary deficiency was not specified in the records provided Rationale for the use of Deplin 15mg #30 was not specified in the records provided. Any evidence that she was nutritionally depleted was not specified in the records provided. Therefore, there is no medical necessity for any medication containing these food supplements. These products still have limited scientific evidence for efficacy and safety profile for the management of pain. The medical necessity of the request for Deplin 15mg #30 With 11 Refills is not fully established in this patient.

BRINTELLIX 10MG #30 WITH 11 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors) Page(s): 107.

Decision rationale: Brintellix (vortioxetine) is an antidepressant in a group of drugs called selective serotonin reuptake inhibitors (SSRIs) According to the California MTUS chronic pain guidelines cited below SSRIs (selective serotonin reuptake inhibitors) are "Not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated

with chronic pain. More information is needed regarding the role of SSRIs and pain. SSRIs have not been shown to be effective for low back pain." Her psychiatric examination includes no catatonic sign, no conversion sign, no Hallucinatory behavior, no psychomotor retardation or agitation, no hypomania or psychosis. She was already certified for Abilify and Cymbalta.The detailed response of Abilify and Cymbalta was not specified in the records provided a detail clinical and psychological evaluation for anxiety or depression is not specified in the records provided. The medical necessity of the request for Brintellix 10mg #30 with 11 refills is not fully established in this patient.