

<b>Case Number:</b>	CM15-0136526		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	11/10/1999
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	06/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 injured worker is a 58 year old male, who sustained an industrial injury on November 10, 1999. He reported neck and back pain. Treatment to date has included surgery, psychotherapy, physical therapy, electrodiagnostic study, home exercise program, neurological tests, medications, urine toxicology screen and assistive device (cane). Currently, the injured worker complains of chronic neck and back pain. He reports pain and numbness in his right wrist and hand. He also reports depression and anxiety. The injured worker is diagnosed with major depressive disorder without psychotic features, chronic pain state, chronic headaches (migraine type) and post right thumb surgery. A psychotherapy note dated January 15, 2015 states the injured worker's mood is variable, he was agitated and tangential resulting in a request for additional appointments. A psychotherapy note dated February 26, 2015 states the injured worker reports benefit from physical therapy. A psychotherapy note dated April 2, 2015 states the injured worker is agitated and continues to have episodes of psychological decompensation and suicidal ideation resulting in a request for additional weekly psychotherapy. A physical therapy note, dated February 16, 2015, states the injured worker is tolerating therapy. A physical therapy note, dated February 23, 2015, states the injured worker is experiencing progress with therapy. A note dated, June 3, 2015, states the injured worker is experiencing benefit from physical therapy. The note also states the injured worker developed a rash from Relafen. The following medications, Deplin 15 mg #30 (supplement that the injured worker has been taking) and Meloxicam 15 mg #30 (injured worker is tapering off opioid medication) are requested.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Deplin 15 mg #30:** 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), Mental Illness and Stress Chapter, 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 chapter and medical foods and Vitamin B. pg 76, 141.

**Decision rationale:** Deplin is a medical food that contains Vitamin B9 and is to be used with antidepressants. In this case, the claimant did have depression but Vitamin B supplements are not indicated for depression and the Deplin is not indicated unless there is evidence of vitamin deficiency. The request for Deplin is not medically necessary.

### **Meloxicam 15 mg #30:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

**Decision rationale:** According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on opioids for several months. The opioids were being weaned and Meloxicam was initiated for pain relief. The request for Meloxicam is appropriate and medically necessary.