

Case Number:	CM15-0164496		
Date Assigned:	09/01/2015	Date of Injury:	01/10/2005
Decision Date:	10/05/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/21/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 55 year old female, who sustained an industrial injury on 1-10-2005. She reported injury to the neck, knees, hips, and wrists from a trip and fall. Diagnoses include cervical postlaminectomy syndrome, depression, migraine, cervical spondylosis without myelopathy, chronic pain syndrome and pain in multiple joints, status post cervical fusion. The records indicated an intolerance to NSAIDs due to a history of gastric bypass. Treatments to date include activity modification, medication therapy, physical therapy, epidural steroid injections and radiofrequency ablation. Currently, she complained of ongoing pain in the neck, headaches, and low back. Pain was rated 10 out of 10 VAS at worst, 6 out of 10 VAS at best and 7 out of 10 VAS on average. On 8-3-15, the physical examination documented presence of pain behavior and decreased range of motion of the cervical spine. The plan of care included a prescription for Norco 10-325mg #120 with three refills and Deplin 15mg #90 with six refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: Norco 10/325mg #120 with 2 refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation reveals that the patient has been on opioids without significant evidence of functional improvement or significant improvement in pain therefore the request for continued Norco is not medically necessary.

Deplin 15mg #90 with 6 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, Mental Illness & Stress, Deplin.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness - Deplin (L-methylfolate) and Other Medical Treatment Guidelines Updated ACOEM Guidelines, Pain section; Complementary, alternative treatments, or dietary supplements, etc., page 135.

Decision rationale: Deplin 15mg #90 with 6 refills is not medically necessary per the MTUS ACOEM Guidelines and the ODG. The ACOEM MTUS guidelines state that complementary and alternative treatments, or dietary supplements, etc., are not recommended for treatment of chronic pain as they have not been shown to produce meaningful benefits or improvements in functional outcomes. The ODG states that Delpin is not recommended until there are higher quality studies. Deplin is a prescription medical food that contains L-methylfolate (vitamin B9) in doses of 7.5 mg or 15 mg. There are no head-to-head studies comparing folic acid supplementation versus L-methylfolate in terms of augmenting antidepressant therapy for depression. The documentation does not reveal extenuating circumstances which would necessitate going against guideline recommendations therefore this request is not medically necessary.