

Case Number:	CM15-0199145		
Date Assigned:	10/14/2015	Date of Injury:	11/08/2010
Decision Date:	11/24/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/09/2015

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: Florida

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:

This injured worker is a 66 year old male who reported an industrial injury on 11-8-2010. His diagnoses, and or impressions, were noted to include: lumbar-lumbosacral disc protrusion-herniated nucleus pulposus with lumbar radiculitis and severe back pain; sciatica; and cauda equina syndrome with progressively worsening urine and feces incontinence. No imaging studies were noted. His treatments were noted to include: a qualified medical examination on 6-16-2015; psychotherapy; medication management with toxicology studies (6-1-15); and rest from work. The progress notes of 9-16-2015 reported: a recheck for back pain rated 7-8 out of 10 with medications; some near falls, with no injuries, the previous month; flare-ups with sciatica pain resulting in difficulty walking with his walker and leaving his house, but was two-thirds improved since 10 days prior; that his pain was 8-9 out of 10 without medications; and that his medications allowed for the ability to perform activities of daily living, though they were still difficult. The objective findings were noted to include: obesity; obvious pain and in mild distress; the use of a seated walker; a depressed affect with paucity of speech and poor speech volume; the use of 2 adult diapers, as needed, per day for incontinence; impressive low thoracic and lumbar para-spinal spasms with the inability to perform range-of-motion due to pain; and that he was having severe sciatic pain which reduced his ability to walk with his walker, with already limited mobility, remaining reliant on his medications for even minimal daily function, and that even with them he required assistance for activities of daily living. The physician's requests for treatment were noted to include the continuation of medications, which were noted to include Deplin 15 mg, 1 daily, #30 with 2 refills. The Request for Authorization, dated 9-22-

2015, was noted to include Deplin 15 mg, #30 with 2 refills. The Utilization Review of 9-29-2015 non-certified the request for Deplin 15 mg, #30 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Deplin 15 mg, #30 with 2 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 and Stress: Deplin (L-methylfolate).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Deplin Drugs.com, 2015.
<http://www.drugs.com/cdi/deplin.html>.

Decision rationale: This independent medical review is to determine the medical necessity of the medication Deplin. Deplin (I-methylfolate) is being described by some sources as a medical food. It contains L-Methylfolate. It is not discussed by MTUS, ACOEM, or ODG guidelines. Folic acid supplementation can be beneficial to certain populations, such as those with folic acid deficiencies, pregnant women, or in those whom are taking certain medications that can inhibit Folic acid absorption. Folic acid can be purchased in a much cheaper form that does not require a prescription. The medical necessity of this brand name Folic acid supplement is not established. This request is not considered medically necessary.