

Case Number:	CM15-0209685		
Date Assigned:	10/28/2015	Date of Injury:	01/13/2003
Decision Date:	12/16/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/26/2015

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 46 year old male who sustained an industrial injury on 1-13-03. A review of the medical records indicates he is undergoing treatment for post lumbar laminectomy syndrome, lumbar spine degenerative disc disease, right lateral epicondylitis, major depressive disorder, and cognitive disorder. Medical records (5-8-15, 9-29-15) indicate complaints of lower back pain, memory problems, and feelings of depression and anxiety. The psychiatry provider (5-8-15) indicates that the injured worker "forgets appointments" and that he has not been seen since 1-27-15. The provider states that the injured worker "ran out of medications" and reports "feeling more depressed and anxious". His affect is noted to be "flat" and his "memory for all immediate recall is impaired". The provider indicates that his "intellect is below average". The 9-29-15 pain management record indicates that the injured worker meets with his psychiatrist every 2 months and that his medications were refilled "approximately 4 months ago". The provider indicates that the injured worker feels that his depression is worsening due to his ability to cope with pain and the secondary effects of the injury on his social and financial life. The injured worker has undergone several diagnostic studies and treatments for his low back pain. His medications include Cialis, Percocet, Butrans patches, Dexilant, Lidoderm patches, Zanaflex, Deplin, Namenda, Remeron, Ativan, and Wellbutrin. He has been receiving Deplin and Namenda since, at least, 8-4-14. The treatment plan is to continue monthly visits with the psychiatrist. In regards to his psychiatric medications, the treating provider states, "For 9-1-15, the prescriptions would be provided via this clinic until such time (the psychiatrist's) prescription can be filled at the pharmacy directly". The provider indicates that with his medications, he is able to continue daily activities, including helping with household chores of washing dishes, cleaning his home, and caring for his child. He is not working. The utilization review (10-8-15) includes requests for authorization of Namenda 10mg #30 and Deplin 15mg #30. The requests were denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Namenda 10mg quantity 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Va/DoD Clinical Practice Guideline for the management of stroke rehabilitation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmedhealth/PMHT0011075/?report=details>.

Decision rationale: The MTUS and ODG guidelines are silent on the use of Namenda. Per the U.S. National Library of Medicine, "Memantine is used to treat moderate to severe Alzheimer's disease. Memantine is not a cure for Alzheimer's disease but it can help people with the disease. Memantine will not cure Alzheimer's disease, and it will not stop the disease from getting worse." With regard to medication history, the injured worker has been using Namenda since at least 8/2014. The documentation indicates no evidence of Alzheimer's disease. It was noted that this was prescribed for memory problems. There was no change in functional status while using Namenda. Absent evidence of functional improvement, the request is not medically necessary and cannot be affirmed.

Deplin 15mg quantity 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, Mental Illness and 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 & Stress, Deplin.

Decision rationale: The MTUS is silent on the use of Deplin. Per the ODG guidelines regarding Deplin: Not recommended. 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. Studies are equivocal as to the efficacy of such supplementation, including in terms of whether other B vitamins are added to treatment. Two poster studies were presented on Deplin in 2011 at the European Congress of Psychiatry. The first was a controlled study that compared patients who were resistant to SSRI antidepressants into three groups. (Deplin 7.5 mg for 30

days and then 15 mg/day for 30 days; Placebo for 30 days and then Deplin 7.5 mg for 30 days; Placebo for 60 days). All supplementation was as an adjunct to therapy. There was no difference in outcomes between the three groups. The second study evaluated patients with SSRI resistant depression in two groups with supplementation again used as an adjunct (Deplin 15 mg for 60 days or Placebo). Statistical differences were seen in reduction of the HAM-D score. The results of these posters were ultimately published. (Papakostas, 2012) All patients who completed the studies were offered an open-label treatment option with SSRI and L-methylfolate. The results emphasize 13 patients who achieved remission in the original studies. At 12 months, 53.8% of patients sustained full remission. Future research was recommended. (Jain R, et al, College of Psychiatric and Neurological Pharmacists Annual Meeting, 2012, Tampa, FL, April and May 2012) See also B vitamins for depression (vitamin B6, folic acid/folate, vitamin B12). With regard to medication history, the injured worker has been using this medication since at least 8/2014. As it is not recommended by the guidelines, the request is not medically necessary.