

Case Number:	CM15-0214076		
Date Assigned:	11/03/2015	Date of Injury:	07/23/2008
Decision Date:	12/22/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	10/30/2015

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: Texas, 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:

This is a 66 year old male patient who sustained a work-related injury on 7-23-08. He sustained a head injury and neck sprain with loss of consciousness and concussion in a motor vehicle accident. Per the doctor's note dated 10-7-15, he had complaints of chronic severe headache, face and neck pain and spasm with right greater than left upper extremity pain, numbness, tingling and weakness. He had post-concussion syndrome with chronic severe cognitive disorder including expressive aphasia, slow formation and thought processing, vestibular system dysfunction with dizziness and balance issues, and anxiety and depression. His pain score was 6 on a 10-point scale without his meds and 0 on a 10-point scale with his medications. His pain rating on 10-7-15 was 0 on a 10-point scale. The evaluating physician noted that his medications were keeping him functional, allowing for increased mobility, and allowing for tolerance of activities of daily living and home exercises. Objective findings included a depressed mood, expressive aphasia, and withdrawn cognition. His current medication regimen included Cymbalta, Trileptal, Nuvigil and Deplin (since at least 8-3-15) which provided greater than 50% improvement in pain and function. Prior treatment includes inpatient cognitive and functional rehab program; [REDACTED] braces. A request for Deplin 15 mg #60 was received on 10-9-15. On 10-20-15, the Utilization Review physician determined Deplin 15 mg #60 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Deplin 15mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Mental Illness & Stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Mental Illness & Stress (updated 11/24/15), Deplin (L-methylfolate), Chapter: Pain, updated 12/02/15), Deplin (L-methylfolate), Medical food.

Decision rationale: Deplin 15mg #60. Deplin contains L-methylfolate. California Medical Treatment Utilization Schedule (MTUS) does not address this request. According to the ODG guidelines, Deplin (L-methylfolate) 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. Studies are equivocal as to the efficacy of such supplementation, including in terms of whether other B vitamins are added to treatment." 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." There was no documented dietary deficiency of methylfolate in this patient. Therefore, there was no medical necessity for any medication containing these food supplements. The medical necessity of Deplin 15 # 60 is not fully established for this patient at this time. Therefore, the request is not medically necessary.