

<b>Case Number:</b>	CM15-0031867		
<b>Date Assigned:</b>	02/25/2015	<b>Date of Injury:</b>	08/18/2006
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2015

### 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: New Jersey  
 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 53 year old male who sustained an industrial related injury on 8/18/06. The injured worker had complaints of bilateral shoulder pain and neck pain. Imaging was noted to have revealed left shoulder degenerative joint disease with spurring, acromioclavicular degenerative joint disease, and tendinosis supraspinatus and infraspinatus with small rim rent tear. Diagnoses included post-operative left shoulder pain, chronic pain syndrome, and cervical strain. The treating physician requested authorization for Deplin 15mg #30. On 1/23/15 the request was non-certified. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines and noted Deplin has not been shown to improve any of the injured worker's functions. Therefore the request was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Deplin 15mg quantity 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 80-81.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain section, Deplin (L-methylfolate).

**Decision rationale:** The MTUS Guidelines do not address Deplin. The ODG, however, states that Deplin (L-methylfolate), a medical food, is not recommended. B-vitamins in general are not recommended for general use in someone with chronic pain and even with those exhibiting neuropathy unless there is a direct relationship with their pain and a deficiency of one or more of these b-vitamins which would need to be documented. In the case of this worker, there was no documented evidence found in the file available for review, which justified the use of Deplin. There was no blood testing reports of a folate deficiency, nor was there a report of Deplin measurably improving the worker's overall function. Therefore, the Deplin will be considered medically unnecessary to continue.