

Case Number:	CM15-0048941		
Date Assigned:	03/20/2015	Date of Injury:	04/18/1995
Decision Date:	05/01/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/16/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 67 year old female, who sustained an industrial injury on April 18, 1995. The mechanism of injury is unknown. The injured worker was diagnosed as having hypertension, sleep apnea, headaches and ortho condition. Treatment to date has included psychological evaluation, diagnostic studies, medications and CPAP. On January 14, 2015, the injured worker complained of depressive related issues, anxiety related issues, disturbing memories, flashbacks, suspicion, seeing things that are not there, muscle tension and sleep difficulties. Physical examination revealed visible anxiety and depressed facial expressions. The treatment plan included medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cerefolin NAC 1 mg q.d. #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/odi/cerefolin.html>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Medical Food.

Decision rationale: The patient presents on 11/11/14 with illegible subjective complaints. The only progress note provided is hand written, poorly scanned, and almost entirely illegible. The patient's date of injury is 04/18/95. Patient has no documented surgical history in the records provided. The request is for CEREFOLIN NAC 1MG QD #30. The RFA is dated 01/14/15. Progress note dated 11/11/14 reveals visible anxiety facial expressions indicative of depression. The patient's current medication regimen was not provided. Diagnostic imaging was not included. Patient's current work status is not provided. Cerefolin NAC is a medical food containing L-methylfolate (as Metafolin) 5.6 mg, methylcobalamin 2 mg, N-acetylcysteine 600 mg. It is FDA approved for the treatment of vitamin deficiency and is under study for use as an adjunct to SSRI medications in patients with major depressive disorder. ODG Medical food guidelines apply. ODG Pain chapter, under Medical Food states that it is intended for a specific dietary management of a disease or condition for which distinctive nutritional requirements are established by medical evaluation. To be considered, the product must meet the following criteria: 1.The product must be a food for oral or tube feeding. 2.The product must be labeled for dietary management of a specific medical disorder. 3.The product must be used under medical supervision. A recent study, L-methylfolate as adjunctive therapy for SSRI-resistant major depression: results of two randomized, double-blind, parallel-sequential trials from The American Journal of Psychiatry. 2012 Dec;169(12):1267-74 concludes: "Adjunctive L-methylfolate at 15 mg/day may constitute an effective, safe, and relatively well tolerated treatment strategy for patients with major depressive disorder who have a partial response or no response to SSRIs." In this case, the provider is prescribing this medical food as an adjunct to Sertaline for the management of this patient's severe and unresolved depressive disorder. While MTUS and ODG are silent on the use of this medication, the aforementioned study from the American Journal of Psychiatry has found L-methylfolate to be a safe and well tolerated adjunct to SSRI medications in patient's whose condition is not resolved by SSRI's alone. This medication's use is further supported by a special report on utilization review reconsideration of Cerefolin, dated 03/06/15, which was included with the documents provided. Given this patient's unresolved depression and recent peer-reviewed research from a major scientific journal which supports L-methylfolate use, the requested medication is substantiated. Therefore, the request IS medically necessary.