

<b>Case Number:</b>	CM15-0055599		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	10/02/1992
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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 female patient who sustained an industrial injury on 10/02/1992. A primary treating office visit dated 09/09/2014 reported the patient "feeling the same, but much better with pain medications". She states that she feels she has been less irritable, more positive, and having less difficulty walking with the medications. Of note, her Norco dose was cut in half. She had received recommendation for psychiatric follow up and is to schedule. She has a known history of depression and anxiety. Current medications are: Deplin, Norco 10/325mg, Proionix, Seroquel, and Zanaflex. She is diagnosed with major depressive affective disorder recurrent episode; cervicalgia; lumbago, and sciatica. The plan of care involved prescribing APAP/Hydrocodone 10/325mg, Norco 10/325mg, and obtaining a urine toxicology screen. She is permanent and stationary and is to return for follow up in one month.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, upon review of the progress notes available for review, recent and even older reports regarding the Norco use demonstrated pain level reduction (from 6-7/10 to 4/10 on pain scale) and 50% reported functional improvements with ongoing use. Therefore, the request for Norco will be considered medically necessary.

**Deplin 15mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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 evidence of a folate deficiency to warrant the use of folate. Also, there was no specific report regarding the effectiveness of this supplement which might help justify its continuation. Therefore, due to the above reasons, the Deplin will be considered medically unnecessary.