

Case Number:	CM15-0084863		
Date Assigned:	05/07/2015	Date of Injury:	07/23/2008
Decision Date:	06/09/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/04/2015

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 65 year old male patient with an industrial injury dated 7/23/2008. The diagnoses include traumatic brain injury and major depressive disorder. Per the doctor's note dated 2/15/15, he had depression. Per a progress note dated 1/13/2015, he reported neurologic complaints. Objective findings revealed slightly slow speech, some difficulty with complex sentences, motor exam with preserved strength in upper extremities and lower extremities. The medications list includes klonopin, clonazepam, cymbalta, lisinopril, trileptal, nuvigil, aspirin and methylfolate. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. The treating physician prescribed Deplin 15 #90 for 90-day supply (refill 0 of 1).

IMR ISSUES, DECISIONS AND RATIONALES

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

Deplin 15 #90 for 90 day supply (refill 0 of 1): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 03/25/15) Deplin (L-methylfolate) Chapter: Pain (updated 04/30/15)
Deplin (L-methylfolate) Medical food Deplin contains L-methylfolate.

Decision rationale: 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 #90 for 90 day supply (refill 0 of 1) is not medically necessary for this patient at this time.