

<b>Case Number:</b>	CM14-0112798		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	11/01/2003
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 37-year-old female with a 11/1/03 date of injury. The mechanism of injury was not noted. According to a report dated 4/21/14, the patient continued to report symptoms of reflex sympathetic dystrophy. She reported her pain level as a 5 to 6 with 10 being severe. She continued to be seen for psychotherapy. Objective findings: affect appropriate to her mood, described as moderately depressed, patient denies homicidal or suicidal ideation at this time. Diagnostic impression: major depression, generalized anxiety disorder, panic disorder. Treatment to date: medication management, activity modification, cognitive therapy. A UR decision dated 6/10/14 denied the request for Deplin. The rationale for denial was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MED Deplin 15mg #30:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Other Medical Treatment Guideline or Medical Evidence: FDA (Deplin).

**Decision rationale:** CA MTUS does not address this issue. According to the FDA, Deplin (L-methylfolate) is a medical food for use in people who have conditions related to folate deficiency. L-methylfolate is also used in people with major depressive disorder who have folate deficiency, or in people with schizophrenia who have hyperhomocysteinemia related to folate deficiency. However, the FDA states that specific requirements for the safety or appropriate use of medical foods have not yet been established. There is no documentation that the patient suffers from folate deficiency. There is no documentation that this medication is intended for the dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements. Therefore, the request for MED Deplin 15mg #30 was not medically necessary.