

Case Number:	CM14-0219244		
Date Assigned:	01/09/2015	Date of Injury:	03/11/2005
Decision Date:	03/10/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 51 year old female who sustained an industrial injury on 3/11/2005, from cumulative trauma to her upper body, specifically the neck. She has reported a popping and clicking sound in her back, accompanied by pain. The diagnoses have included cervicalgia, cervical radiculopathy, mood disorder, lumbar disc displacement, occipital neuralgia, cervical facet syndrome, cervical pain, and spinal/lumbar degenerative disc disease. Treatment to date has included multiple spinal surgeries, physical therapy, epidurals, acupuncture, chiropractic, H-wave machine, psychotherapy, and medications. A Functional Restoration Program was noted 11/03/2014 to 12/19/2014 and she reported improvement in her mood with increased motivation upon program completion. Per the Hamilton Anxiety rating Scale, she showed depression in the mild range, decreased from the moderate range. Her depression and anxiety were documented as related to her injury and pain. The progress report, dated 11/24/2014, noted current medications as Gabapentin 300mg at bedtime, Cymbalta 60mg twice daily, and Norco 10/325 daily as needed for pain. She had recently discontinued use of Celebrex and Zanaflex. Currently, the IW complains of neck pain and right arm pain. Her pain averaged 6/10 VAS with pain flares 7-8/10 on a weekly basis. Chronic headaches and low back pain were reported. She tolerated Cymbalta well and noted an improvement in her pain and mood. She felt increasingly hopeful, more motivated, and had increased her activity. The injured worker's work status was noted as permanent and stationary. On 12/03/2014, Utilization Review non-certified a request for 30 capsules Deplin-Algal Oil 15mg, noting the lack of compliance with ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Capsules of Deplin-Algal oil 15mg: 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: Decision based on MTUS ACOEM Page(s): Updated ACOEM Guidelines, Pain section; Complementary, alternative treatments, or dietary supplements, etc., page 135. Decision based on Non-MTUS Citation Mental Illness and Stress

Decision rationale: 30 Capsules of Deplin-Algal oil 15mg are not medically necessary per the MTUS ACOEM and the ODG Guidelines. The ODG states that Deplin 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. The updated ACOEM guidelines state that medical foods are not recommended for treatment of chronic pain as they have not been shown to produce meaningful benefits or improvements in functional outcomes. The documentation does not reveal any extenuating reasons to go against the recommended medical guidelines. The request for Deplin-Algal oil is not medically necessary.