

Case Number:	CM15-0015116		
Date Assigned:	02/03/2015	Date of Injury:	01/12/2008
Decision Date:	03/26/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/27/2015

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, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain, chronic neck pain, posttraumatic stress disorder, major depressive disorder (MDD), and postconcussive syndrome reportedly associated with an industrial injury of January 12, 2008. In a Utilization Review Report dated January 17, 2015, the claims administrator failed to approve a request for Deplin, a dietary supplement. The claims administrator referenced a December 19, 2014 progress note in its determination. The claims administrator suggested that the applicant was off of work, on total temporary disability, per a progress note dated December 21, 2014. The applicant's attorney subsequently appealed. On January 22, 2015, the applicant reported ongoing issues with headaches, neck pain, and low back pain, 6-8/10. The applicant also reported ancillary complaints of anxiety, depression, and fatigue. The applicant was using a variety of medications, including, Imitrex, Protonix, a ketamine cream, Deplin, Nuvigil, Duragesic, Topamax, and others. The applicant was placed off of work, on total temporary disability. A functional restoration program was endorsed. In a January 30, 2015 appeal letter, the attending provider suggested that the applicant was using Deplin as an adjunct treatment for depression, chronic pain, memory problems, and sleep disturbance. Deplin was endorsed via an RFA form dated December 29, 2014. In an associated progress note dated December 19, 2014, the applicant reported ongoing issues with depression, poor energy, and sleep disturbance. The applicant had significant financial constraints, it was noted. The applicant was still on Duragesic. The applicant had difficulty concentrating. Deplin, Nuvigil, Topamax, and omeprazole were all apparently renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Deplin 15 mg, thirty count with two refills (prescribed on December 19, 2014): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Mental Illness & Stress, and Medical Food Chapters

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): Chronic Pain Medical Treatm. Decision based on Non-MTUS Citation ACOEM V.3 > Chronic Pain > General Principles of Treatment > Medications > Alternative Treatments. Recommendation: Complementary or Alternative Treatments, Dietary Supplements, etc., for Chronic Pain Complementary and alternative treatments, or dietary supplements, etc., are not recommended for treatment of chronic pain as they have not been shown to produce meaningful benefits or improvements in functional outcomes. Strength of Evidence Not Recommended, Insufficient Evidence (I).

Decision rationale: 1. No, the request for Deplin, a dietary supplement, was not medically necessary, medically appropriate, or indicated here. While the MTUS does not specifically address the topic of Deplin, both page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and page 47 of the ACOEM Practice Guidelines stipulate that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, Deplin has apparently been endorsed for chronic pain and/or depressive symptoms. The applicant has, however, failed to effect a favorable response to the same. The applicant remains off of work, on total temporary disability. The applicant remains depressed. The applicant continues to report issues with depression, anxiety, chronic pain, difficulty concentrating, etc. Ongoing usage of Deplin has failed to curtail the applicant's dependence on opioid agents such as Duragesic. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the same. Finally, the Third Edition ACOEM Guidelines note that dietary supplements such as Deplin are not recommended in the chronic pain context present here. For all of the stated reasons, then, the request was not medically necessary.