

<b>Case Number:</b>	CM15-0115458		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	11/08/2010
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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: California  
 Certification(s)/Specialty: Emergency 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:

This is a 65 year old male with a November 8, 2010 date of injury. A progress note dated May 28, 2015 documents subjective complaints (able to perform many more activities of daily living and independent activities of daily living; unable to toilet, dress, or walk without assistance without medications, and finds these activities quite difficult even with medications; rationing use of adult diapers because of not having enough; developed a rash over the scrotum and between the buttocks; pain rated at a level of 6-7/10 with medications and 9-10/10 without medications), objective findings (affect remains depressed; intermittently teary on exam; admits to "not wanting to be around anymore"; denies suicidal intent or plan; diffuse patches of erythema over the inferior scrotum and intergluteal cleft; moderate low thoracic and lumbar paraspinal spasm without deformity; neck range of motion full with minimal pain), and current diagnoses (displacement of lumbar intervertebral disc without myelopathy; lumbago; sciatica; thoracic or lumbosacral neuritis or radiculitis; depressive disorder not elsewhere classified). Treatments to date have included medications, use of a seated walker, psychotherapy, imaging studies, and spinal surgery. The medical record indicates that medications help control the pain. The treating physician documented a plan of care that included Deplin, Citalopram, and psychotherapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Deplin 15mg #30 with 2 refills:** 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); Mental Illness & Stress: Deplin.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) Chapter, Medical Food.

**Decision rationale:** The requested Deplin 15mg #30 with 2 refills is not medically necessary. Neither the ACOEM Guidelines nor California MTUS addresses nutraceuticals, but per Official Disability Guidelines (ODG), Pain (Chronic) Chapter, Medical Food, medical foods are addressed and the definition "is a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for specific dietary management of a disease or condition for a distinctive nutrition or requirement based on recognized scientific principles or established by medical evaluation. To be considered, the product must at a minimum meet the following criteria: (1) The product must be food for oral or tube feeding. (2) The product must be labeled for dietary management of a specific medical disorder, disease, or condition for a distinctive nutritional requirement. (3) The product must be used under medical supervision." The treating physician has documented subjective complaints (able to perform many more activities of daily living and independent activities of daily living; unable to toilet, dress, or walk without assistance without medications, and finds these activities quite difficult even with medications; rationing use of adult diapers because of not having enough; developed a rash over the scrotum and between the buttocks; pain rated at a level of 6-7/10 with medications and 9-10/10 without medications), objective findings (affect remains depressed; intermittently teary on exam; admits to "not wanting to be around anymore"; denies suicidal intent or plan; diffuse patches of erythema over the inferior scrotum and intergluteal cleft; moderate low thoracic and lumbar paraspinal spasm without deformity; neck range of motion full with minimal pain). The treating physician has not documented any specific dietary diseases or conditions nor nutritional requirements. Requiring nutritional supplements. The treating physician has not provided sufficient evidence-based, peer-reviewed and nationally-recognized medical literature in support of this supplement. The criteria noted above not having been met, Deplin 15mg #30 with 2 refills is not medically necessary.

**Citalopram 40mg #30 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain (Chronic), pain (chronic): SSRI's.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants for Chronic Pain, Pages 13-15.

**Decision rationale:** The requested Citalopram 40mg #30 with 1 refill, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Anti-depressants for Chronic Pain, Pages 13-15, recommend SSRI antidepressants as a second option for the treatment of depression, and even though they are not recommended for the treatment of chronic pain, they are recommended for the treatment of neuropathic pain. "Tricyclic antidepressants are recommended over selective serotonin reuptake inhibitors, unless adverse reactions are a problem." The treating physician has documented subjective complaints (able to perform many more activities of daily living and independent activities of daily living; unable to toilet, dress, or walk without assistance without medications, and finds these activities quite difficult even with medications; rationing use of adult diapers because of not having enough; developed a rash over the scrotum and between the buttocks; pain rated at a level of 6-7/10 with medications and 9-10/10 without medications), objective findings (affect remains depressed; intermittently teary on exam; admits to "not wanting to be around anymore"; denies suicidal intent or plan; diffuse patches of erythema over the inferior scrotum and intergluteal cleft; moderate low thoracic and lumbar paraspinal spasm without deformity; neck range of motion full with minimal pain). The treating physician has not documented failed trials of tricyclic anti-depressants. The criteria noted above not having been met, Citalopram 40mg #30 with 1 refill is not medically necessary.

**Psychotherapy Sessions QTY: 12: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400 and 401. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress Chapter: Cognitive Behavioral Therapy (CBT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment, Pages 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Psychotherapy Guidelines.

**Decision rationale:** The requested Psychotherapy Sessions QTY: 12, is not medically necessary. Chronic Pain Medical Treatment Guidelines, Psychological Treatment, Pages 101-102 recommend psych treatment for specifically-identified chronic pain patients, and Official Disability Guidelines (ODG), Pain Chapter, Psychotherapy Guidelines recommend continued psychotherapy beyond a six visit trial with documented derived functional improvement. The treating physician has documented subjective complaints (able to perform many more activities of daily living and independent activities of daily living; unable to toilet, dress, or walk without assistance without medications, and finds these activities quite difficult even with medications; rationing use of adult diapers because of not having enough; developed a rash over the scrotum and between the buttocks; pain rated at a level of 6-7/10 with medications and 9-10/10 without medications), objective findings (affect remains depressed; intermittently teary on exam; admits to "not wanting to be around anymore"; denies suicidal intent or plan; diffuse patches of erythema over the inferior scrotum and intergluteal cleft; moderate low thoracic and lumbar paraspinal spasm without deformity; neck range of motion full with minimal pain). The treating physician has not documented objective evidence of derived functional improvement from completed psychotherapy sessions. The criteria noted above not having been met, Psychotherapy Sessions QTY: 12 is not medically necessary.