

Case Number:	CM15-0063608		
Date Assigned:	04/09/2015	Date of Injury:	04/18/1995
Decision Date:	05/12/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/03/2015

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: New Jersey

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:

The injured worker is a 67-year-old female, who sustained an industrial injury on 4/18/1995. The medical records submitted for this review did not include the details regarding the initial injury or prior treatments to date. Diagnoses include major depressive disorder, single episode, and generalized anxiety disorder. Currently, she was evaluated with complaints of depression and sleep disturbance, disturbing memories, muscle tension and headaches. On 1/14/15, the physical examination documented observation of depressed facial expressions and visible anxiety. The plan of care included medication therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

CEREFOLLN NAC, ONE QD #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
[HTTP://WWW.DRUGS.COM/CDL/CEREFOLLN.HTML](http://www.drugs.com/cdl/cerefolln.html).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain section, B vitamins & vitamin B complex.

Decision rationale: Cerefolin NAC is a supplement which contains L-methylfolate 5.6mg, Methylcobalamin 2mg, N-acetylcysteine 600 mg. The MTUS Guidelines do not address Cerefolin NAC. The ODG, however, states that Metanx (L-methylfolate/pyridoxal 5- phosphate/ methylcobalamin), a medical food, is not recommended. B-vitamins in general are not recommended for general use in someone with chronic pain and even with those exhibiting neuropathy unless there is a direct relationship with their pain and a deficiency of one or more of these b-vitamins which would need to be documented. In the case of this worker, there was no record of any deficiency in folate or vitamin B12 to warrant supplementing with Cerefolin on a regular basis. Therefore, the Cerefolin NAC is not medically necessary.