

Case Number:	CM13-0063171		
Date Assigned:	12/30/2013	Date of Injury:	09/18/2010
Decision Date:	04/11/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/09/2013

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 Physical Medicine and Rehabilitation 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:

he patient is a 63-year-old female who reported an injury on 09/18/2010. The mechanism of injury was not submitted. The patient was diagnosed with contusion of the knee. The patient had an MRI of the right knee that was unremarkable. The patient had no effusion to the right knee. The physical examination revealed medial joint line tenderness. The patient also had an antalgic gait. There was also some crepitus with range of motion. The patient was recommended Theratramadol and Trepadone.

IMR ISSUES, DECISIONS AND RATIONALES

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

THE REQUEST FOR A ONE (1) MONTH SUPPLY OF THERATRAMADOL-60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Section Page(s): 113.

Decision rationale: The California MTUS states tramadol is a synthetic opioid affecting the central nervous system. Tramadol is indicated for moderate to severe pain. The Guidelines also state for patients in need of immediate pain relief, patients may be recommended 50 mg to 100 mg of tramadol every 4 to 6 hours. However, Theratramadol has not been found to be safe and

effective by the FDA. There is also limited high quality evidence to support tramadol and Gabapentin as a combination medication. As such, the request for one (1) month supply of Theratramadol-60 is non-certified.

THE REQUEST FOR TREPADONE #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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, Medical Food Section.

Decision rationale: The California MTUS/ACOEM does not address the request. The Official Disability Guidelines (ODG) state medical food is recommended for patients with specific dietary management needs or conditions which require distinctive nutritional requirements. The clinical documentation submitted for review does not show evidence of nutritional deficits or specific dietary needs. Given the lack of documentation to support Guideline criteria, the request for 120 capsules of Trepadone is non-certified.