

<b>Case Number:</b>	CM14-0102538		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	12/12/2012
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2014

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 41-year-old female with a 12/12/12 date of injury. At the time (5/21/14) of request for authorization for 120 Trepadone 4 times per day for the management of symptoms related to bilateral Knee injury, there is documentation of subjective (pain on both knees) and objective (tenderness over the right medial joint line, negative McMURPHY'S sign, bilateral knee effusion, and stable joints without subluxation) findings, current diagnoses (patella chondromalacia), and treatment to date (medications (Ibuprofen) and physical therapy). There is no documentation that Trepadone is used for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**120 Trepadone 4 times per day for the management of symptoms related to bilateral Knee injury.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 Other Medical Treatment Guideline or Medical Evidence:  
<http://www.ptlcentral.com/medical-foods-products.php>.

**Decision rationale:** An online source identifies Trepadone as a Medical Food, consisting of a proprietary formulation of amino acids and polyphenol ingredients in specific proportions, for the dietary management of the altered metabolic processes associated with pain and inflammation related to joint disorders. ODG identifies that the product must be a food for oral or tube feeding; must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; and must be used under medical supervision; as criteria to support the medical necessity of medical food. Within the medical information available for review, there is documentation of a diagnosis of patella chondromalacia, and that Trepadone is for oral use and under medical supervision. However, despite documentation that Trepadone is to be used for management of symptoms related to bilateral knee injury, there is no documentation that Trepadone will be used for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements. Therefore, based on guidelines and a review of the evidence, the request for 120 Trepadone 4 times per day for the management of symptoms related to bilateral Knee injury is not medically necessary.