

<b>Case Number:</b>	CM14-0105710		
<b>Date Assigned:</b>	09/26/2014	<b>Date of Injury:</b>	01/22/2010
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	06/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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 Occupational Medicine 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back, knee, and foot pain reportedly associated with an industrial injury of January 22, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; a total knee arthroplasty; and dietary supplements. In a Utilization Review Report dated June 26, 2014, the claims administrator retrospectively denied two dietary supplements. The applicant's attorney subsequently appealed. In a June 19, 2014 progress note, the applicant reported persistent complaints of knee pain. The applicant was walking with a significant limp and/or using a cane, the attending provider posited. 9-10/10 pain was noted. The applicant was asked to continue Trepidone and GABAdone for pain, inflammation, and insomnia. Norco and clonidine were also endorsed. The applicant was asked to remain off of work indefinitely.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Gabadone #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Third Edition, Chronic Pain Chapter, Alternative Treatments Section.

**Decision rationale:** As noted in the Third Edition ACOEM Guidelines, dietary supplements such as GABAdone are not recommended in the treatment of chronic pain as they have not been demonstrated to produce any meaningful benefits or improvements in functional outcomes in the management of the same. The attending provider failed to furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable ACOEM position on the article at issue. The fact that the applicant is off of work, furthermore, and remains dependent on opioid agents such as Norco, taken together, suggests a lack of functional improvement. Therefore, the request is not medically necessary.

**Retrospective Trepadone #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Third Edition, Chronic Pain Chapter, Alternative Treatments Section.

**Decision rationale:** As noted in the Third Edition ACOEM Guidelines, dietary supplements such as Trepidone are "not recommended" for the treatment of chronic pain as they have not been demonstrated to produce any meaningful benefits or improvements in functional outcomes in the treatment of the same. In this case, as with the request for GABAdone, the attending provider failed to furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable ACOEM position on the article at issue. Therefore, the request is not medically necessary.