

Case Number:	CM14-0105753		
Date Assigned:	08/08/2014	Date of Injury:	06/13/2002
Decision Date:	10/16/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/08/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 54 year old female was reportedly injured on June 13, 2002. The most recent progress note, dated June 30, 2014, indicates that there are ongoing complaints of neck, upper back and shoulder pain. The physical examination demonstrated a normotensive individual (118/70) with a normal pulse of 76 beats per minute, that is 5 feet 3 inches in height, and weighs 183.9 pounds. No other objective findings are provided, other than further vital signs. Diagnostic imaging studies are not provided for review. Previous treatment includes cervical fusion surgery, rest, ice, trigger point injections, and multiple medications. A request was made for Trepadone, two tablets by mouth twice daily, quantity 120, and was denied in the preauthorization process on June 19, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trepadone 2 tabs p.o. b.i.d. #120: 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) - TWC/ODG Integrated Treatment/Disability Duration Guidelines; Pain (Chronic) - Medical Food (updated 10/06/14).

Decision rationale: Treadone is a medical food containing multiple ingredients, including antiinflammatory compounds, immunomodulatory peptides and precursors of functional components of joint connective tissue. However, medical food preparations, such as the one requested, have no evidence based proven efficacy. Guidelines do not support their use and utilization of these is not considered standard practice of care. Furthermore, adverse effects of these medical foods must be considered. As such, the request is not considered medically necessary.