

Case Number:	CM14-0110763		
Date Assigned:	08/01/2014	Date of Injury:	08/17/2011
Decision Date:	10/20/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/16/2014

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 49 year-old female was reportedly injured on August 17, 2011. The mechanism of injury is noted as a right knee dislocation after a client landed directly on her knee. The claimant underwent right knee arthroscopic surgery on May 3, 2012. The most recent progress notes, dated April 25, 2014 and May 27, 2014, indicate that there were ongoing complaints of right knee pain. No physical examination documented. An MRI of the right knee dated September 12, 2013 was unremarkable. Diagnosis: right knee internal derangement, right knee pain, meralgia paresthetica, right sciatica and pain-related insomnia. Previous treatment includes arthroscopic knee surgery, physical therapy, cortisone injections, and medications to include Norco, Colace, Butrans patch, Temazepam, Trepidone, Theramine, Gabadone, Nexium, and FluriFlex ointment. A request had been made for Trepidone #120, Gabadone #60, Theramine #120, and Norco 10/325mg #240, which was not certified in the utilization review on June 18, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 Tablets of Trepidone: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Integrated Treatment/Disability Duration Guidelines; Pain (Chronic) - Trepadone (updated 10/06/14).

Decision rationale: The California MTUS Guidelines and the ACOEM Practice Guidelines do not address medical food. The Official Disability Guidelines (ODG) do not support or recommend the use of Trepadone. Trepadone is a medical food from Targeted Medical Pharm, Inc., Los Angeles, CA, that is a proprietary blend of L-arginine, L-glutamine, choline bitartrate, L-serine and gammaaminobutyric acid [GABA] Intended for use in the management of joint disorders associated with pain and inflammation. Given the lack of clinical data and efficacy, it is considered experimental and not considered medically necessary.

60 Tablets of Gabadone: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Integrated Treatment/Disability Duration Guidelines: Pain (Chronic) - GABAdone (updated 10/06/14).

Decision rationale: The California MTUS Guidelines and the ACOEM Practice Guidelines do not address GABAdone. The Official Disability Guidelines list GABAdone as a medical food and specifically state in the guidelines that it is not recommended. It is a combination of Choline Bitartrate, Glutamic Acid, 5-Hydrotryptophan, and GABA used for sleep; however, there is no competent evidence-based medicine citations presented (or discovered in a cursory literature search) to support its use. As such, it is not considered medically necessary.

120 Tablets of Theramine:

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment Index 11th Edition web 2013 pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Integrated Treatment/Disability Duration Guidelines; Pain (Chronic) - Theramine (updated 10/06/14).

Decision rationale: The California MTUS Guidelines and the ACOEM Practice Guidelines do not address medical food. The Official Disability Guidelines do not support or recommend the use of Theramine. Theramine is a medical food from Physician Therapeutics, Los Angeles, CA, that is a proprietary blend of gamma-aminobutyric acid [GABA] and choline bitartrate, L-arginine and L-serine. Given the lack of clinical data and efficacy, it is considered experimental and not medically necessary.

240 Tablets of Norco 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): Page 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-78, 88, 91.

Decision rationale: Norco (hydrocodone/acetaminophen) is a short acting opiate indicated for the management in controlling moderate to severe pain. This medication is often used for intermittent or breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose that establishes improvement (decrease) and the pain complaints and increased functionality, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant has chronic pain after a work-related injury in August 2011; however, there is no objective clinical documentation of improvement in their pain or function with the current regimen. As such, this request for Norco is not considered medically necessary