

Case Number:	CM14-0115740		
Date Assigned:	08/04/2014	Date of Injury:	01/22/2010
Decision Date:	09/10/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/23/2014

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 Maryland. 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 patient is a 65 year old male with a work injury dated 5/29/14. The diagnoses include right knee internal derangement, status post total knee replacement, and right knee pain chronic pain related insomnia. Under consideration is a request for Retrospective Gabadone #60; Trepadone #120; Fluriflex ointment 240 Gm. There is a primary treating physician report dated 5/29/14 that states that the patient arrived at the clinic today for a follow up. The patient complains of pain in the right knee, left middle toe and top of the left foot. The patient complains the left foot is really swollen with numbness at times. The patient's pain score is 9/10 right now and since last visit patients pain score has averaged 9/10. Without pain medications patients pain score is 9/10 and with pain medications patients pain score is 5/10 (0 being no pain, 10 being the worst pain imaginable). UDS Results as of Objective findings reveal only vital signs and the urine drug testing from April 25, 2014 which was positive for Cotinine, Hydrocodone, and Nicotine. The discussion states that the patient fell last Saturday, his right knee gave out on him he stated. He injured his left toe, and ended up in the emergency 100m. Functional Capability Evaluation Test was performed weeks ago, results are pending. The patient is to get a refill of Gabadone, Trepadone, and Fluriflex ointment.

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 Official Disability Guidelines(ODG) GABA done.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain- medical foods.

Decision rationale: Retrospective Gabadone #60 is not medically necessary per the ODG. The MTUS is silent on this issue. Gabadone is considered a medical food. The ODG states that medical foods are not medically necessary except in those cases in which the patient has a medical disorder, disease, or condition for which there are distinctive nutritional requirements. The documents submitted reveal no evidence that the patient's condition necessitates any particular nutritional requirements. The request for retrospective Gabadone #60 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 Official Disability Guidelines(ODG) Trepadone.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Medical Foods.

Decision rationale: Retrospective Trepadone #120 is not medically necessary per ODG guidelines. The MTUS is silent on this issue. Trepadone is a medical food that is a proprietary blend of L-arginine, L-Glutamine, Choline Bitartrate, L-Serine and Gammaaminobutyric Acid [GABA]. It is intended for use in the management of joint disorders associated with pain and inflammation. Documentation submitted does not reveal a clear rationale why the patient necessitates this dietary supplement. The request for Retrospective Trepadone #120 is not medically necessary.

Retrospective Fluoroflex ointment 240 Gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: Retrospective Fluriflex ointment 240 Gm. The ointment Fluriflex contains Flurbiprofen 15% and Cyclobenzaprine 10%. The MTUS guidelines state that there is little evidence to support the use of Topical NSAIDs (Flurbiprofen is an NSAID) for the treatment of Osteoarthritis of the spine, hip, or shoulder and there is no evidence to support the use of

Cyclobenzaprine (a muscle relaxant). The guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Furthermore the guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Fluriflex contains Cyclobenzaprine which is not recommended by the MTUS therefore the request for retrospective Fluriflex ointment 240 gm is not medically necessary.