

<b>Case Number:</b>	CM14-0124810		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	08/30/2004
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain 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 injured worker is a 43 year-old male who was reportedly injured on August 30, 2004. The mechanism of injury is noted as foot pain developed while walking. The most recent progress note dated June 24, 2014, indicates that there were ongoing complaints of bilateral foot pain. The physical examination demonstrated a 6'4", 200 pound individual who is normotensive (120/80) and has tenderness to palpation the plantar aspect of both feet. A slight decrease in range of motion is noted and there was a decrease in sensation reported. Diagnostic imaging studies are not part of this narrative. Previous treatment includes surgical intervention (right plantar fasciotomy), multiple medications, physical therapy, and other pain management interventions (orthotics). A request was made for multiple topical preparations and was not certified in the pre-authorization process on July 10, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Theramine:** Upheld

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

**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, (Updated October, 2014).

**Decision rationale:** Theramine is a medical food product that is being distributed in the [REDACTED] area. There is insufficient clinical data to support that these types of medical foods have any efficacy or utility. As noted in the ODG "there is no high quality literature that suggests that GABA is indicated." Therefore, when noting the date of injury, the injury sustained, the treatment rendered, the parameters noted in the ODG (MTUS and ACOEM do not address), there is no data presented to suggest the medical necessity of this intervention. Therefore the request is not medically necessary.

**Retro Terocin lotion:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 105, 112 OF 127.

**Decision rationale:** Terocin is a topical analgesic containing Lidocaine and Menthol. MTUS guidelines support topical lidocaine as a secondary option for neuropathic pain after a trial of an antiepileptic drug or anti-depressants have failed. There is no evidence-based recommendation or support for Menthol. MTUS guidelines state that topical analgesics are "largely experimental" and that "any compound product that contains at least one drug (or drug class) that is not recommended is not recommended". As such, this request is considered not medically necessary.

**Retro Trepadone:** Upheld

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

**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, (Updated October, 2014).

**Decision rationale:** Trepadone is noted to be a medical food that is a proprietary blend of multiple agents. The intended use is for the management of joint disorders with pain and inflammation. However, there are no quality medical studies that outline the efficacy or utility of such an intervention. As such, the medical necessity has not been established. Therefore the request is not medically necessary.