

<b>Case Number:</b>	CM14-0128933		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	10/21/2009
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	07/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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, Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 44-year-old male who reported an injury on 10/21/2009. The mechanism of injury was not submitted in the report for review. The injured worker has a diagnosis of right wrist/hand triangular fibrocartilage complex tear. Past medical treatment consists of Toradol injections, B12 injections, topical medications, and oral medications. Medications included Norco, naproxen sodium, omeprazole, Menthoderm gel, Xolido cream, Theramine, and Trepadone. On 08/05/2014, the injured worker complained of constant wrist/hand pain to the right with numbness and tingling. Physical examination revealed that the injured worker had a 9/10 pain. Right wrist range of motion revealed a flexion of 40 degrees, extension of 40 degrees, radial deviation of 10 degrees, and ulnar deviation of 10 degrees. The injured worker was wearing a hand splint. The treatment plan is for the injured worker to continue the use of Theramine and Trepadone. A drug screen submitted on 08/19/2014 revealed that the injured worker was not in compliance with his prescription medications. The report revealed that the results were not consistent with his prescriptions. The Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Theramine #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Alternative Treatments. Decision based on Non-MTUS Citation The Official Disability Guidelines, Treatment in Worker's Compensation.

**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 food (Theramine).

**Decision rationale:** The Official Disability Guidelines state that Theramine is made up of food which is formulated to be consumed or administered internally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. To be considered for the use of this product the person must, at a minimum, meet the following criteria: (1) the product must be a food for oral or tube feeding; (2) the product must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; (3) the product must be used under medical supervision. Given the above, the injured worker does not meet the Official Disability Guidelines requirements for Theramine. The submitted report lacked any quantified evidence showing that the injured worker had any nutritional deficits, diseases, or conditions for which the injured worker would need the Theramine. The guidelines also stipulate that a person taking Theramine is usually a tube feeder or has problems with oral foods. There was no evidence noted in the report that this would apply to the injured worker. As such, the request for Theramine #50 is not medically necessary.

**Trepadone #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Alternative Treatments. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Worker's Compensation.

**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 food (Trepadone).

**Decision rationale:** The Official Disability Guidelines state that Trepadone is made up of food which is formulated to be consumed or administered internally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. To be considered for the use of this product the person must, at a minimum, meet the following criteria: (1) the product must be a food for oral or tube feeding; (2) the product must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; (3) the product must be used under medical supervision. Given the above, the injured worker does not meet the Official Disability Guidelines requirements for Trepadone. The submitted report lacked any quantified evidence showing that the injured worker had any nutritional deficits, diseases, or conditions for which the injured worker would need the Trepadone. The guidelines also stipulate

that a person taking Trepadone is usually a tube feeder or has problems with oral foods. There was no evidence noted in the reports that this would apply to the injured worker. As such, the request for Trepadone #120 is not medically necessary.