MAXIMUS Federal Services

Case Number:	CM14-0155758		
Date Assigned:	09/24/2014	Date of Injury:	04/09/2009
Decision Date:	11/13/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/19/2014

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 Occupational 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 applicant is a represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 9, 2009.Thus far, the applicant has been treated with the following: Analgesic medications; dietary supplements; unspecified amounts of physical therapy; and transfer of care to and from various providers in various specialties.In a Utilization Review Report dated August 22, 2014, the claims administrator denied a request for Trepidone, a dietary supplement.The applicant's attorney subsequently appealed.In a January 13, 2014 progress note, the applicant was described as using Colace, Atarax, and Prevacid. The applicant presented with issues associated with reflux. On July 22, 2014, the applicant was given prescriptions for Colace, Sentra, and Trepidone. Stated diagnoses included abdominal pain, reflux, constipation, sleep disorder, chronic pain syndrome, and dysphagia.

IMR ISSUES, DECISIONS AND RATIONALES

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

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, 2014, TREATMENT INDEX, 8TH EDITION, (WEB), 2010, CHRONIC PAIN- MEDICAL FOODS

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Alternative Treatments

Decision rationale: While the MTUS does not address the topic, the Third Edition ACOEM Guidelines do not address the topic of dietary supplements, the Third Edition ACOEM Guidelines do note that dietary supplements such as Trepidone are "not recommended" in the treatment of chronic pain as they have not been demonstrated to have any meaningful benefits or favorable outcomes in the treatment of the same. The attending provider, in this case, failed to furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable ACOEM position on the article at issue. Therefore, the request is not medically necessary.