

Case Number:	CM14-0179289		
Date Assigned:	11/03/2014	Date of Injury:	05/18/2006
Decision Date:	12/09/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/29/2014

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 Interventional Spine 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 patient is a 69-year-old male with a date of injury of 05/18/2006. The listed diagnoses include lumbar radiculitis, lumbar disk protrusion, and bilateral knee osteoarthritis. According to progress report 09/29/2014, the patient presents with constant low back pain radiating to the lower extremity with numbness and tingling, and constant bilateral knee pain. Examination of the lumbar spine revealed decreased range of motion and positive straight leg raise bilaterally. There is tenderness of the paravertebral muscles with spasm noted. Examination of the bilateral knee revealed decreased range of motion and tenderness of the patella bilaterally. The treating physician is requesting a refill of medications. Utilization review denied the request on 10/07/2014. Treatment reports from 04/10/2014 through 09/29/2014 were reviewed.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

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, Theramine

Decision rationale: This patient presents with low back and bilateral knee pain. This is a request for Theramine #90. The ACOEM and MTUS Guidelines do not discuss Theramine, a medical food. Official Disability Guidelines (ODG) under pain chapter states that Theramine is not recommended. Theramine is a medical food that is a proprietary blend of gamma-aminobutyric acid [GABA], and choline bitartrate, L-arginine, and L-serine. It is not intended for use in the management of pain syndromes that include acute pain, chronic pain, fibromyalgia, neuropathic pain, and inflammatory pain. In this case, Theramine is not supported by ODG; therefore, this request is not medically necessary.

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), Pain Chapter

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, Trepadone.

Decision rationale: This patient presents with low back and bilateral knee pain. The treating physician is requesting Trepadone #120. Official Disability Guidelines (ODG) under its pain section states, Trepadone is a medical food that is a proprietary blend of L-arginine, L-glutamine, choline bitartrate, L-serine and gamma-aminobutyric acid [GABA]. It is intended for use in the management of joint disorders associated with pain and inflammation. Regarding Medical Food, ODG states that it is to be used when there is a specific deficit requiring supplement. In this case, there is no evidence that the patient has deficits of L-arginine, L-glutamate, choline bitartrate, etc., contained in Trepadone; therefore, this request is not medically necessary.