

Case Number:	CM14-0023236		
Date Assigned:	05/14/2014	Date of Injury:	04/25/2000
Decision Date:	07/24/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	02/24/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

This is a 55-year-old female with a 4/25/00 date of injury. The mechanism of injury was not noted. According to available documentation, prior to 1/31/14, the patient was followed for multi-region chronic pain musculoskeletal complaints as well as multiple diagnosed co-morbid internal and mental health conditions. In a 12/19/13 progress note, the patient complained of persistent pain of the neck that is aggravated by repetitive motions of the neck/prolonged positioning of the neck, pushing, pulling, lifting, forward reaching, and working at or above the shoulder level. She has left upper extremity pain. Objective findings included tenderness upon palpation of cervical paravertebral muscles and upper trapezial muscles with spasm, positive axial loading compression test, positive Spurling's maneuver, tenderness at the left wrist dorsum, limited range of motion and weakness of left wrist. Diagnostic impression was lumbar radiculopathy, cervical radiculopathy, myalgia/myositis, fibromyalgia, chronic pain, vitamin D deficiency, medication related dyspepsia, status post spinal cord stimulator explant, and chronic nausea/vomiting. Treatment to date included medication management, activity modification.

IMR ISSUES, DECISIONS AND RATIONALES

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

TREPADONE #90(DISPENSED ON 1/31/2014): 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 ODG, Pain Chapter, Medical Foods, and information from the FDA.

Decision rationale: CA MTUS does not address medical foods. ODG states that medical foods are recommended to be consumed or administered enterally 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 the product 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. However, the FDA states that specific requirements for the safety or appropriate use of medical foods have not yet been established. In addition, there is no documentation of the use of Trepadone for this patient in the reports reviewed. A specific rationale identifying why Trepadone would be required in this patient despite lack of guidelines support was not identified. There is no evidence of a nutritional deficiency that would require supplementation of a medical food. Therefore, the request was not medically necessary.