

Case Number:	CM14-0030108		
Date Assigned:	06/20/2014	Date of Injury:	05/18/2011
Decision Date:	07/18/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/05/2014

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 and Rehabilitation 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 57-year-old male who reported an injury on 05/18/2011 due to cumulative trauma. The clinical note dated 02/13/2014 noted the injured worker presented with left shoulder pain. He stated that the pain is minimal and is well controlled with ibuprofen. He rated his pain 0/10 with medication and 1/10 without medication. Upon examination, the injured worker had a blood pressure of 118/80, pulse 72, respirations 12, weight 226 pounds, temperature of 98.1, and a BMI of 30. The diagnoses were neck sprain/strain, chronic pain syndrome, and cervical radiculopathy. Prior treatment included ibuprofen, Cidaflex, Prilosec, and the provider recommended Trepadone. The rationale was to see if the injured worker could control his inflammation without the use of ibuprofen which irritates his stomach. The request for authorization form was not provided in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trepadone, # 120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Center for Food Safety and Applied Nutrition.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Treadone. FDA CENTER FOR FOOD SAFETY AND APPLIED NUTRITION.

Decision rationale: The request for Treadone 120 is not medically necessary. Official Disability Guidelines note Treadone is a medical food that is a proprietary blend of L-arginine, glutamine, choline bitartrate, L-serine, and gamma aminobutyric acid or GABA. It is intended for use in the management of joint disorders associated with pain and inflammation. This supplement is indicated for epilepsy, spasticity, and tardive dyskinesia. There is no high quality peer-reviewed literature that suggests that GABA is indicated for treatment of insomnia. Adverse reactions associated with this treatment include hypertension, increased heart rate, and anxiety. Food which is formulated to be consumed or administered entirely 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 include that the product must be food or oral tube feeding, the product must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements, and the product must be used under medical supervision. The provider's request did not indicate whether the Treadone intended to be used under medical supervision. The injured worker's diagnosis was not congruent with the guideline recommendation and the included documentation did not indicate that the injured worker had a nutritional deficit that would warrant the use of Treadone. The provider's request did not indicate a frequency or dose of Treadone. As such, the request is not medically necessary.