

<b>Case Number:</b>	CM14-0031997		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	09/27/2013
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	02/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2014

### 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, has a subspecialty in Pain 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:

This is a patient with a date of injury of 9/27/13. A utilization review determination dated 2/26/14 recommends non-certification of Trepopicam. 1/9/14 medical report identifies pain in the mid/low back. On exam, there is tenderness and slightly limited ROM. Recommendations include PT, IF unit, compounds, and NSAID medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trepopicam 7.5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

**Decision rationale:** Regarding the request for Trepopicam, this is a compounded medication consisting of meloxicam and histidine, which is an amino acid. Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication of a dietary deficiency of histidine and a rationale for the compound medication rather

than the FDA-approved version of meloxicam. In the absence of such documentation, the currently requested Trepoxicam is not medically necessary.