

Case Number:	CM14-0032562		
Date Assigned:	06/20/2014	Date of Injury:	09/23/2009
Decision Date:	07/22/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/14/2014

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 Orthopaedic Surgery and is licensed to practice in Mississippi. 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 59-year-old female who was reportedly injured on September 23, 2009 (a prior compensable injury dating back to 2003; a lifting event is also noted). The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated November 5, 2013, indicated that there were ongoing complaints of neck and upper extremity pain. The physical examination demonstrated a hypertensive (143/81), 5 feet 3 inches, significantly overweight (193 pounds) individual in no acute distress. Pretibial edema was noted in the right lower extremity. Diagnostic imaging studies were referenced but not presented for review. Previous treatment included cervical spine surgery, lumbar spine surgery and multiple medications. A request had been made for Trepadone and was not certified in the pre-authorization process on February 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trepadone #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, Integrated Treatment/Disability Duration Guidelines, Pain (chronic), Medical Food.

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, updated July 10, 2014.

Decision rationale: An internet search of this medical food, Treadone, noted this is a preparatory mixture of several products. The California Medical Treatment Utilization Schedule guidelines does not endorse such medications particularly, when there is no objectification of the diagnosis, that this is intended to address joint disorders. Furthermore, as noted in the Official Disability Guide, such a medical food is limited to a situation where there are specific dietary needs, where appropriate medications cannot be employed. Given the progress presented, there are no such needs. As such, this medication/medical food is not medically necessary.