

Case Number:	CM14-0036381		
Date Assigned:	06/25/2014	Date of Injury:	01/06/2010
Decision Date:	08/12/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	03/25/2014

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 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:

The injured worker is a 46 year old male who sustained an injury on 01/06/10 when he was struck in the face resulting in multiple facial injuries as well as injury to the neck and left shoulder. The injured worker has had an extensive amount of surgical interventions to include plastic reconstruction of the face. The injured worker has had multiple surgical procedures for the left shoulder as well as a recent complete rotator cuff reconstruction completed on 11/22/13. The clinical report on 01/21/14 noted that the injured worker had been immobilized and an abduction brace to the left shoulder following the rotator cuff repair completed in November of 2013. The injured worker indicated that he was doing well post-operatively until 01/07/14 when he twisted his left upper extremity developing severe pain. Physical exam noted tenderness to palpation on the left shoulder at the interior portion as well as the lateral acromion. There was a loss of passive and active range of motion in all planes as compared to the right side. Strength testing was essentially deferred. Updated MRI studies were recommended to verify the integrity of the previous rotator cuff repair. Follow-up on 02/25/14 noted that the injured worker had continued with narcotic medications for pain to include Fentanyl. The injured worker did have MRI studies of the left shoulder completed on 02/13/14 which did not appear to show any disruption or separation of the previous rotator cuff repair. The injured worker was recommended to start a gentle physical therapy program with light exercises. The injured worker was noted to have started physical therapy which continued through March of 2014. The injured worker was seen on 03/21/14 with continuing complaints of left shoulder and neck pain that was severe and minimally improved with medications to include Dilaudid and Duragesic. Physical exam was limited to vital signs. Urine drug screens were recommended at this visit. The requested Trepadone #120 was denied by utilization review on 03/18/14.

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 Non-MTUS Official Disability Guidelines, Pain Chapter: Medical Food Section.

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, Medical Food.

Decision rationale: In regards to the request for Trepadone #120, this reviewer would not have recommended this medication as medically necessary. Trepadone is a preparatory brand of neurotransmitter precursors extracted from various food sources. It is considered a medical food and is utilized to address joint disorders. In this case, there is no indication for medical food as it was not specifically discussed in the clinical reports from February or March of 2014. The injured worker was noted to have been on multiple ant-inflammatory medications and there is no specific rationale regarding the use of medical food in the treatment of ongoing complaints of neck and left shoulder pain. There was no identifiable nutritional deficit that could be reasonably addressed with the use of Trepadone that would have supported its use. Given the largely experimental and investigational nature of the use of medical foods in the treatment of chronic pain, this reviewer would not have recommended this request as medically necessary.