

Case Number:	CM14-0041980		
Date Assigned:	06/30/2014	Date of Injury:	11/04/2009
Decision Date:	10/08/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	04/09/2014

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 Texas. 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 50-year-old male who reported injury on 11/04/2009. The injured worker had a history of neck pain, lower back pain and right shoulder pain. The injured worker had diagnoses of lumbar radiculopathy, right shoulder strain/sprain status post-surgery, right shoulder pain, chronic pain syndrome, chronic pain related insomnia, myofascial syndrome, and neuropathic pain. The prior surgeries included lumbar fusions x2. Prior treatments included physical therapy and medication. The medications included Flexeril 10 mg, Tramadol 50 mg, FluriFlex ointment, and Sentra PM. The injured worker reported his pain a 5/10 without medication and a 4/10 with medication using the VAS. The objective findings dated 08/21/2014 revealed blood pressure 102/78, pulse 90, and respiration are 12. No other assessment provided. The treatment plan included a TENS unit x4 weeks, medication, return to the clinic in 3 weeks, and appeal for the NESP program. The request for authorization dated 08/01/2014 was submitted with documentation.

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 Official Disability Guidelines (ODG) Pain (Chronic), Medical Foods

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Medical Foods

Decision rationale: The request for Trepadone #120 is not medically necessary. The Official Disability Guidelines recommended as indicated below. Definition: Defined in section 5(b) of the Orphan Drug Act (21 U.s.c.360ee (b) (3)) as "a food which is formulated 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. Per the clinical note, the injured worker did not require tube feeding or meet the criteria for a medical disorder, disease, or condition in which there are distinctive nutritional requirements. The request did not address the frequency. As such, the request is not medically necessary.