

<b>Case Number:</b>	CM14-0044396		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	06/22/2011
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	03/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2014

### 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 Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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 patient is a 46 year-old with a date of injury of 06/22/11. A progress report associated with the request for services, dated 01/30/14, identified subjective complaints of low back pain radiating into the lower extremities. Objective findings included decreased range-of-motion and a bilateral positive straight leg-raising. Diagnoses included lumbar sprain/strain with radiculopathy. Treatment has included oral and topical analgesics, non-steroidal anti-inflammatory drugs (NSAIDs), and an anti-seizure agent. A Utilization Review determination was rendered on 02/27/14 recommending non-certification of "Treadone #20".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Treadone #20:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG TWC 2014 Pain, 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, Medical Foods.

**Decision rationale:** Treadone is a nutritional supplement containing the active ingredients: Choline Bitartrate; L-Glutamine; L-Arginine; L-Serine, GABA as well as Cinnamon and a

variety of herbals. It is advertised as a medical food for joint disorders. The Medical Treatment Utilization Schedule (MTUS) does not address Trepadone. The Official Disability Guidelines (ODG) state that medical foods are recommended for specific dietary management of a disease for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. Choline is only recommended for replacement. There is inconclusive evidence that the product is indicated for memory, seizures, or transient ischemic attacks. Glutamate is used for Hypochlorhydria and Achlorhydria. 5-Hydroxytryptophan is possibly effective for anxiety disorders, depression, and fibromyalgia. It has been linked to a contaminant that causes Eosinophilia-Myalgia Syndrome. GABA is indicated for epilepsy, spasticity, and tardive dyskinesia. There is no high quality literature that GABA is indicated for treatment of insomnia. There is no indication for the use of L-Serine in numerous references (Micromedex, Clinical Pharmacology, or AltMedDex). L-Arginine is not indicated in current references for pain or "inflammation". Honey & cinnamon are recommended as an option for arthritis pain. In this case, the record does not document conditions requiring this medical food nor is there conclusive evidence for the value of all the combined ingredients. Therefore, there is no medical necessity for Trepadone.