

<b>Case Number:</b>	CM14-0044818		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	05/08/2009
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	03/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/11/2014

### 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 and has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 43-year-old female who reported an injury on 05/08/2009. The mechanism of injury was noted as from extensive keyboard use and prolonged sitting. Her diagnoses include lumbar disc syndrome, right elbow lateral epicondylitis, right cubital tunnel syndrome, ulnar nerve compression, gastropathy, hypertension, and depression/anxiety. Her previous treatments include medications, physical therapy, acupuncture, injections, and a TENS unit. Per the clinical note dated 01/22/2014, the injured worker had complaints of right elbow pain rated at a 9/10 and low back pain rated at a 6/10. On examination of the right elbow and the lumbar spine, the physician reported the activity range of motion was limited due to pain. The physician's treatment plan included a request for authorization to refill the patient's oral medications, including Trepadone and Theramine. The rationale for the medication was to help to reduce pain. The Request for Authorization was not provided in the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trepadone:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**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 food.

**Decision rationale:** The Official Disability Guidelines state that medical foods that are formulated to be consumed or administered under the supervision of a physician, and are intended for a specific dietary management of a disease or condition with distinctive nutritional requirements based on recognized significant principles are established by a medical evaluation. To be considered, the product must, at minimum, meet the following criteria: the product must be a food for oral or tube feeding, labeled for dietary management of a specific medical disorder, disease, or condition of which there are distinctive nutritional requirements, and must be used under medical supervision. Trepadone is intended for use in the management of joint disorders associated with pain and inflammation. Per the clinical documentation, the physician reported the injured worker continued to have complaints of pain in her right elbow, wrist, and low back and had been prescribed Trepadone, a medical food that is used for treating pain in joints. The clinical documentation provided failed to provide a pain assessment to indicate how the medication was helping with her pain, if there was functional improvement while taking the medication, and a specific disorder that required distinctive nutritional requirements. Therefore, as due to the lack of documentation to indicate that, the injured worker had decrease pain, functional improvements, and a specific disorder that required distinctive nutritional requirements; the request would not be supported. The request also failed to provide the dosage and frequency of the Trepadone. As such, the request for Trepadone is non-certified.