

Case Number:	CM14-0046503		
Date Assigned:	07/02/2014	Date of Injury:	06/28/2004
Decision Date:	08/22/2014	UR Denial Date:	03/15/2014
Priority:	Standard	Application Received:	04/15/2014

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 Preventive 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:

According to the records made available for review, this is a 37-year-old female with a 06/28/2004 date of injury. At the time of request for authorization (03/11/2014) for Trepadone #120, there is documentation of left ankle pain, left hip pain, and left groin pain; rated as a 4 out of 10 with medications and 8-9 out of 10 without medications. Current diagnoses include cervical sprain/strain, lumbar radiculopathy, chronic pain syndrome, myofascial syndrome, and neuropathic pain. Treatment to date includes medications Norco, Soma, and Elavil. In addition, the medical report identifies a request to start Trepadone for joint health. There is no documentation of inflammation.

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.

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, Trepadone.

Decision rationale: MTUS does not address the issue. ODG identifies Trepadone as a medical food consisting of a proprietary blend of L-arginine, L-glutamine, choline bitartrate, L-serine and gammaaminobutyric acid [GABA] used in the management of joint disorders associated with pain and inflammation. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that the product must be a food for oral or tube feeding; must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; and must be used under medical supervision to support the medical necessity of medical food. Within the medical information available for review, there is documentation of diagnoses of cervical sprain/strain, lumbar radiculopathy, chronic pain syndrome, myofascial syndrome, and neuropathic pain. In addition, there is documentation of pain; that the product is a food for oral feeding; and will be used under medical supervision. However, there is no documentation of inflammation. Therefore, based on guidelines and a review of the evidence, the request for Trepadone #120 is not medically necessary.