

Case Number:	CM14-0046846		
Date Assigned:	07/02/2014	Date of Injury:	10/09/2009
Decision Date:	08/27/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/14/2014

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 is licensed to practice in Texas and Ohio. 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 57-year-old female who reported an injury on 10/09/2009 due to cumulative trauma. On 10/16/2013, the injured worker presented with complaints of pain in the neck, bilateral shoulders, bilateral wrists, and bilateral knees. Upon examination of the cervical spine, there was 1+ midline tenderness in bilateral paravertebrals and tenderness with guarding and decreased range of motion bilaterally. Prior cervical x-rays revealed loss of lordosis and degenerative changes in the lower cervical spine. The diagnoses were bilateral overuse syndrome with bilateral carpal tunnel syndrome and tenosynovitis, chronic cervical strain secondary to fixed positioning of the neck, and resolving bilateral patellofemoral pain secondary to prolonged sitting. Prior treatment included surgery and medications. The provider recommended Trepadone. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

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: Decision based on MTUS ACOEM. 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 Trepadone, which is a medical food, is recommended only when formulated to be consumed or administered enterally under the supervision of a physician and intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements are required. The product must be a food for oral or tube feeding. The injured worker does not have a condition that nutritional requirements would be required. Additionally, the provider's rationale was not provided within the request. The request for Trepadone does not include the frequency or dose of the Trepadone in the request as submitted. As such, the request is not medically necessary.