MAXIMUS Federal Services

Case Number:	CM14-0050349		
Date Assigned:	06/25/2014	Date of Injury:	10/20/2005
Decision Date:	07/29/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/24/2014

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 Orthopedic Surgery, has a subspecialty in and is licensed to practice in Mississippi. 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 who male was reportedly injured on 10/20/2005. The mechanism of injury was not listed. A progress note dated 3/6/2014, indicates that there were ongoing complaints of neck and low back pain. His pain was rated as 7/10 with pain medications and 10/10 without medications. Physical examination states unchanged at that visit. The diagnoses were for lumbar radiculopathy, post laminectomy syndrome status post lumbar fusion, cervical sprain/strain, chronic pain syndrome, insomnia and neuropathic pain. Current medications: Butrans 20 mcg/hour, gabapentin 600 mg, Norco 10/325, Pristiq, Abilify, KetoFlex, and medical marijuana. A request had been made for one prescription of trepadone #120, Theramine #120, GABAdone #60, and one Toradol 60 mg injection and was not certified in the utilization review on 3/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

The Prospective Request for 1 prescription of Trepadone # 120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004) - Chronic Pain; Clinical Measures; Medications; Vitamins (electronically sited).

Decision rationale: The Official Disability Guideline lists trepadone as a medical food that is a proprietary blend of L-arginine, L-glutamine, choline bitartrate, L-serine and gammaaminobutyric acid [GABA]. The ACOEM practice guidelines specifically recommend against the use of dietary supplements in the treatment of chronic pain. Given the lack of clinical data and efficacy, it is considered experimental and not medically necessary.

The Prospective Request for 1 prescription of Theramine # 120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) - Chronic Pain; Clinical Measures; Medications; Vitamins (electronically sited).

Decision rationale: The Official Disability Guideline lists Theramine as a medical food that is a proprietary blend of gamma-aminobutyric acid and choline bitartrate, L-arginine and L-serine. The American College of Occupational and Environmental Medicine practice guidelines specifically recommend against the use of dietary supplements in the treatment of chronic pain. Given the lack of clinical data and efficacy, it is considered experimental and not medically necessary.

The Prospective Request for 1 prescription of Gabadone # 60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) - Chronic Pain; Clinical Measures; Medications; Vitamins (electronically sited).

Decision rationale: The Official Disability Guideline lists Theramine as a medical food that is a proprietary blend of choline bitartrate, glutamic Acid, 5-hydroxytryptophan, and GABA. The American College of Occupational and Environmental Medicine practice guidelines specifically recommend against the use of dietary supplements in the treatment of chronic pain. Given the lack of clinical data and efficacy, it is considered experimental and not medically necessary.

The Prospective Request for 1 Toradol 60 mg.: 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines (ODG) ODG -TWC/ODG Integrated Treatment/Disability Duration Guidelines: Pain (Chronic) - Toradol (updated 06/10/14).

Decision rationale: The Official Disability Guideline lists trepadone as a medical food that is a proprietary blend of L-arginine, L-glutamine, choline bitartrate, L-serine and gammaaminobutyric acid (GABA). The ACOEM practice guidelines specifically recommend against the use of dietary supplements in the treatment of chronic pain. Given the lack of clinical data and efficacy, it is considered experimental and not medically necessary.