

Case Number:	CM14-0062436		
Date Assigned:	07/11/2014	Date of Injury:	03/02/2004
Decision Date:	09/23/2014	UR Denial Date:	04/12/2014
Priority:	Standard	Application Received:	05/05/2014

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 and Rehabilitation 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 46-year-old female, who reported an injury on 03/02/2004. The mechanism of injury was unknown. Her diagnoses were noted to be chronic pain syndrome, lumbar radiculopathy, prescription narcotic dependence, myofascial syndrome, status post left tibial fibular fracture and open reduction internal fixation, and chronic pain related depression. Prior treatments were noted to be medications and medical food. The injured worker had a clinical evaluation on 05/13/2014. Her subjective complaints were noted to be low back pain radiating into both legs. She rated her pain score a 9/10 and averaged it an 8/10 over the preceding week. Without medications, she noted that pain score is 10+/10. The objective findings were noted to be vital signs within normal limits. Medications were noted to be Wellbutrin, Toradol, and medical food. The rationale for the request was noted within the review. The Request for Authorization was not included in the documentation submitted 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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

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 request for Trepadone quantity 120 is not medically necessary. The Official Disability Guidelines state medical food is a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or a condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by 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; the product must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; the product must be used under medical supervision. Trepadone is intended for use in the management of joint disorders associated with pain and inflammation. The clinical evaluation does not indicate objective support for joint pain and inflammation. The provider's request fails to indicate a frequency. Therefore, the request for Trepadone quantity 120 is not medically necessary.

Gabadone #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

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 request for Gabadone quantity 60 is not medically necessary. The Official Disability Guidelines state GABAdone is not recommended as a medical food. GABAdone is a proprietary blend of choline bitartrate, glutamic acid, 5-hydroxytryptophan, and GABA. It is intended to meet the nutritional requirements for inducing sleep, promoting restorative sleep, and reducing snoring in patients who are experiencing anxiety related to sleep disorders. In addition to not being recommended by the guidelines, the request fails to provide a frequency. As such, the request for Gabadone quantity 60 is not medically necessary.

Percura #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, Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Percura& PRODUCT INFORMATION.

Decision rationale: The request for Percura quantity 120 is not medically necessary. The product description for Percura indicates primary ingredients: a proprietary formulation of

amino acids and other dietary factors to support induction, maintenance, and enhancement of a specific neurotransmitter activity involved in the physiology of neuropathic pain. These ingredients fall into the classification of generally recognized as safe (GRAS) as defined by The Food and Drug Administration in the Federal Food, Drug, and Cosmetic Act. The mechanism of action for Percura is not clearly understood. It is a specially formulated medical food product for the dietary management of the metabolic processes associated with pain, inflammation, and loss of sensation due to peripheral neuropathy. The clinical evaluation notes the injured worker with complaints of neuropathic pain, and the injured worker has a diagnosis of lumbar radiculopathy. However, the provider's request does not indicate a frequency. As such, the request for Percura quantity 120 is not medically necessary.