

Case Number:	CM14-0062781		
Date Assigned:	07/11/2014	Date of Injury:	06/27/2011
Decision Date:	09/08/2014	UR Denial Date:	04/21/2014
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 Geriatrics and is licensed to practice in New York. 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 42 year old man with a date of injury of 6/27/11. He was seen by his primary treating physician on 4/2/14 with complaints of headache and neck and left shoulder pain. His physical exam documented only normal vitals, weight and BMI. His diagnoses included cervical radiculopathy, left occipital neuralgia, head trauma without loss of consciousness, neck pain, cephalgia, tension headaches, pain-related insomnia, myofascial syndrome and neuropathic pain. The treatment plan was to continue nucynta, ketoflex ointment and gabapentin. At issue in this review is the request for the new prescription of trepadone for joint health.

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 Guideline (ODG) (Pain Chapter). nutrientpharmacology.com/PDFs/monographs/trepadone-monograph.pdf.

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: <http://nutrientpharmacology.com/trepadone.html>.

Decision rationale: Trepadone is a medication food and the term medical food, as defined in section 5(b) of the Orphan Drug Act (21 U.S.C. 360ee (b) (3)) 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 condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation." The records do not substantiate why a medical food is being used instead of or in addition to traditional medications. The documentation does not support the medical necessity for trepadone.