

Case Number:	CM14-0090097		
Date Assigned:	09/19/2014	Date of Injury:	03/29/2002
Decision Date:	10/24/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/16/2014

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 Illinois. 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 58-year-old female with a reported date of injury on 03/29/2002. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include cervical radiculopathy, status post cervical fusion, neck pain, cephalgia, right shoulder pain, status post right shoulder surgery, chronic pain syndrome, tension headaches, chronic pain related insomnia/depression, and neuropathic pain. Her previous treatments were noted to include physical therapy, medications, and the functional restoration program. The progress note dated 04/04/2014 revealed complaints of minimal pain and the injured worker reported she felt very good and clear headed. The injured worker indicated her main problem was she wanted a divorce from her husband due to her improved memory and cognition and realized her husband had been somewhat abusive. The injured worker indicated her pain was minimal and that when she did have increased pain, the ibuprofen or Suboxone controlled the pain. The provider indicated the injured worker needed to continue with the NESP-R program due to a few of intentional or accidental prescription medication overdose. The provider indicated the injured worker had done extremely well, and the program needed to be retroactively authorized so she could take advantage of all of the benefits of the program. Progress note dated 05/01/2014 revealed complaints of pain rated 2-3/10, and the injured worker indicated she had been feeling very well. The provider indicated the injured worker was more lucid and able to remember things. The provider indicated the injured worker had a positive response to the NESP-R program. The Request for Authorization form dated 04/04/2014 was for Trepadone #120 for inflammation and joint health, GABAdone #60 for insomnia, L-tyrosine #60 for dopamine effect, Gala Herbal Nature laxative #30 for constipation, multivitamin, alpha lipoic acid 150 mg #60 for central nervous system oxygen free radical scavenging, cognitive improvement, and

memory loss, Taurine 500 mg #60 for cognitive improvement and memory loss, and Idrasil 25 mg #30 for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trepidone #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 (Updated 05/15/2014) Medical Food.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain, Trepadone, Medical Food.

Decision rationale: The request for Trepadone #120 is not medically necessary. The injured worker has been utilizing this medication since at least 03/20/2014. The Official Disability Guidelines state Trepadone is not recommended for the treatment of chronic pain. Trepadone is a medical food from Targeted Medical Pharma Incorporated that is a proprietary blend of L-arginine, L-glutamine, choline bitartrate, L-serine, and gamma aminobutyric acid. It is intended for the use and the management of joint disorders associated with pain and inflammation. The guidelines state L-arginine is not indicated in current references for pain or inflammation; instead it is indicated to detoxify urine. The guidelines state glutamic acid is used with treatment of hypochlorhydria and chlorhydria which indications include those for impaired intestinal permeability, short bowel syndrome, cancer, or critical illnesses. It is generally used for digestive disorders in complementary medicine. The guidelines state choline has no known medical need except for the case of long term parenteral nutrition or for individuals with choline deficiency secondary to liver deficiency. The guidelines state that gamma aminobutyric acid is indicated for epilepsy, spasticity, and tardive dyskinesia. There is no high quality peer reviewed literature that suggests that GABA is indicated for the treatment of insomnia. The documentation provided indicated the Trepadone was prescribed for inflammation, pain, and joint health, and the guidelines state that L-arginine is not indicated for pain or inflammation or gamma-aminobutyric acid, choline, or glutamic acid. The guidelines do not recommend Trepadone for chronic pain. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request 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 (Updated 05/15/2014) Medical Food.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain, Gabadone, Medical Food

Decision rationale: The request for GABAdone #60 is not medically necessary. The injured worker has been utilizing this medication since at least 03/20/2014. The Official Disability Guidelines do not recommend GABAdone. GABAdone is a medical food that has 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 sleep disorders. The guidelines state choline has no known medical need except for the case of long term parenteral nutrition for individuals with choline deficiency secondary to liver deficiency. The guidelines state glutamic acid is a supplement used for the treatment of hypochlorhydria and chlorhydria. Treatment indications include impaired intestinal permeability, short bowel syndrome, cancer, and critical illnesses. The guidelines state 5-Hydroxytryptophan has been found to be possibly effective in the treatment of anxiety disorders, fibromyalgia, obesity, and sleep disorders. Guidelines state gamma aminobutyric acid is indicated for epilepsy, spasticity and tardive dyskinesia. The guidelines do not recommend choline except for choline deficiency and glutamic acid is indicated for impaired intestinal permeability. 5-Hydroxytryptophan is indicated for anxiety and depression; however, the guidelines do not recommend GABAdone and the request failed to provide the frequency to which this medication is to be utilized. Therefore, the request is not medically necessary.

L-Tyrosine 500mg #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 (Updated 05/15/2014) Medical Food.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain, Medical Food.

Decision rationale: The request for L-Tyrosine 500 mg #60 is not medically necessary. The injured worker has been utilizing this medication since at least 03/2014. The Official Disability Guidelines do not recommend medical food for chronic pain. Medical foods are not recommended for treatment of chronic pain as they have not been shown to produce meaningful benefits or improvements in functional outcomes. The FDA defines a medical food as 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. There are no quality studies demonstrating the benefit of medical foods in the treatment of chronic pain. The guidelines do not recommend medical foods and the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Gala Herbal Nature Laxative #30: 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 (Updated 05/15/2014) Medical Food.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain, Medical Food.

Decision rationale: The request for Gala Herbal Nature Laxative #30 is not medically necessary. The injured worker has been utilizing this medication since at least 03/2014. The Official Disability Guidelines do not recommend medical food for chronic pain. Medical foods are not recommended for treatment of chronic pain as they have not been shown to produce meaningful benefits or improvements in functional outcomes. The FDA defines a medical food as 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. There are no quality studies demonstrating the benefit of medical foods in the treatment of chronic pain. The guidelines do not recommend medical foods and the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Multivitamin #30: 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 (Updated 05/15/2014) Medical Food.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Multivitamins: MedlinePlus Drug Information

Decision rationale: The request for a multivitamin #30 is not medically necessary. The injured worker has been utilizing this medication since at least 03/2014. "Vitamins are natural substances that your body needs to grow, develop, and function normally. Vitamins are contained in food; a well-balanced diet usually provides all of the vitamins required. However, there are times, such as during pregnancy and childhood, when your body needs more vitamins than usual. During certain illnesses, your body either cannot get or cannot efficiently use all of the vitamins it needs. Multivitamins are prescribed for patients who need extra vitamins, who cannot eat enough food to obtain the required vitamins, or who cannot receive the full benefit of the vitamins contained in the food they eat." The documentation provided did not give an indication the injured worker was unable to intake appropriate nutrition. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Alpha-Lipoic Acid 150mg #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 (Updated 05/15/2014) Medical Food.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain, Medical Food

Decision rationale: The request for Alpha-Lipoic Acid 150 mg #60 is not medically necessary. The injured worker has been utilizing this medication since at least 03/2014. The Official Disability Guidelines do not recommend medical food for chronic pain. Medical foods are not recommended for treatment of chronic pain as they have not been shown to produce meaningful benefits or improvements in functional outcomes. The FDA defines a medical food as 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. There are no quality studies demonstrating the benefit of medical foods in the treatment of chronic pain. The guidelines do not recommend medical foods and the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Taurine 500mg #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 (Updated 05/15/2014) Medical Food.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain, Medical Food.

Decision rationale: The request for Taurine 500 mg #60 is not medically necessary. The injured worker has been utilizing this medication since at least 03/2014. The Official Disability Guidelines do not recommend medical food for chronic pain. Medical foods are not recommended for treatment of chronic pain as they have not been shown to produce meaningful benefits or improvements in functional outcomes. The FDA defines a medical food as 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. There are no quality studies demonstrating the benefit of medical foods in the treatment of chronic pain. The guidelines do not recommend medical foods and the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Idrasil 25mg #30: 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 (Updated 05/15/2014) Medical Food.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain, Medical Food.

Decision rationale: The request for Idrasil is not medically necessary. The injured worker has been utilizing this medication since at least 03/2014. The Official Disability Guidelines do not recommend medical food for chronic pain. Medical foods are not recommended for treatment of chronic pain as they have not been shown to produce meaningful benefits or improvements in functional outcomes. The FDA defines a medical food as 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. There are no quality studies demonstrating the benefit of medical foods in the treatment of chronic pain. The guidelines do not recommend medical foods and the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.