

<b>Case Number:</b>	CM14-0090938		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	12/18/2007
<b>Decision Date:</b>	11/26/2014	<b>UR Denial Date:</b>	05/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Family Practice and is licensed to practice in California. 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:

This case involves a 57 year old male injured worker sustained a work injury on 12/18/07 involving the back, neck head and upper extremities. He was diagnosed with headaches, cervical strain/radiculopathy, lumbar radiculopathy, thoracic radiculopathy, shoulder sprain and bilateral carpal tunnel syndrome. A progress note on 4/17/14 indicated the injured worker had 4/10 pain in the involved area. Exam findings were notable for decreased range of motion of the cervical spine, shoulders and back. A request was made for acupuncture, chiropractor sessions, physical therapy, lumbar orthosis, Oxycodone and numerous medical foods including Trepadone. A progress note on 7/29/14 indicated the injured worker had similar complaints and exam findings. He was continued on non-steroidal anti-inflammatory drugs (NSAIDs), Oxycodone, Topiramate, Theramine and Trepadone.

### 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 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 Official Disability Guidelines (ODG), Medical Foods

**Decision rationale:** Trepadone is a medical food with anti-inflammatory properties for the management of joint disorders. It contains L-arginine, L-glutamine, L-histidine and 5-hydroxytryptophan. According to the Official Disability Guidelines (ODG), these foods are not recommended for the injured worker's conditions. 5 hydroxytryptophan is found to be possibly effective in treatment of anxiety disorders, fibromyalgia, obesity and sleep disorders. It has been found to be effective for depression. L-arginine is not indicated in current references for pain or "inflammation." L-glutamate is supplement is used for treatment of hypochlohydria and achlorhydria. Based on the guidelines and the injured worker's current use of non-steroidal anti-inflammatory drugs (NSAIDs), this request is not medically necessary.