

Case Number:	CM14-0091492		
Date Assigned:	07/25/2014	Date of Injury:	08/02/2007
Decision Date:	11/05/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/17/2014

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, has a subspecialty in Pain Medicine and Spinal Cord Medicine, and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 08/12/07 when he fell down a manhole injuring his left ankle and knee. He continues to be treated for right ankle and left knee pain. He was seen by the requesting provider on 01/23/14. He had not worked since 2007. He had worsening left knee pain. An x-ray of the knee had shown multiple loose bodies and lateral compartment narrowing. An MRI of the ankle had shown an osteochondral injury of the talus with subtalar arthritis. Norco and Anaprox were helping him to function and perform ADLs (activities of daily living). Elavil was helping with sleep. There had been no improvement with Tramadol. There was a pending orthopedic evaluation. Pain was rated at 4/10 with medications and 7-8/10 without medications. Physical examination findings included left knee tenderness with decreased and painful range of motion, crepitus, and swelling, and findings were consistent with a Baker's cyst. He had right foot swelling with healed surgical scars. Anaprox DS 550mg #60, Prilosec ER 20mg #30, Norco 10/325mg #90, Tramadol ER 150mg #60, Elavil 50mg #30, and compounded creams were prescribed. Authorization for EMG/NCS testing was requested. He underwent urine drug screening. On 04/17/14 he reported ongoing symptoms. Medications were refilled. On 05/20/14 the EMG/NCS testing was normal. There was a pending MRI of the knee to be followed by an orthopedic evaluation. Medications were refilled. On 07/29/14 he was having ongoing right ankle and left knee pain. The MRI of his knee had shown a medial meniscus tear. Physical examination findings included decreased and painful left knee range of motion with swelling, tenderness, and crepitus. The assessment references the claimant as having more pain as he was performing a home exercise program. It references increased energy since starting medical foods. Theramine #90 was prescribed to help with absorption of NSAID (non-steroidal anti-inflammatory) medication, Sentra PM #60 to help with sleep and energy,

Trepadone #120 for osteoarthritis, and Sentra AM #60 to help with alertness and energy. Urine drug screening was repeated.

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 (ODG), Chapter: Pain, Medical Foods

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Medical food

Decision rationale: The claimant is more than 7 years status post work-related injury and continues to be treated for right ankle and left knee pain. Trepadone is a blend of neurotransmitter precursors, neurotransmitters and their precursors, antioxidants, anti-inflammatory compounds, immunomodulatory peptides, precursors of glucosamine and chondroitin sulfate, and an adenosine antagonist. It is intended for use in the management of joint disorders associated with pain and inflammation. In terms of glucosamine and chondroitin sulfate, glucosamine sulfate only can be recommended as an option in patients with moderate arthritis pain, especially for knee osteoarthritis. Guidelines indicate that there is no known medical need for choline supplementation except for the case of long-term parenteral nutrition or for individuals with choline deficiency secondary to liver deficiency. Guidelines recommend that, when prescribing medications, only one medication should be given at a time. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Therefore, Trepadone is not medically necessary or appropriate.