

Case Number:	CM14-0166805		
Date Assigned:	10/14/2014	Date of Injury:	10/13/2010
Decision Date:	08/18/2015	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/09/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 54 year old male, who sustained an industrial injury on October 13, 2010. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having lumbar radiculopathy, status post right shoulder re-scope cervical spine sprain and strain, headache, stress, and sleep loss. Treatment and diagnostic studies to date has included medication regimen, status post lumbar epidural steroid injections, and above noted procedure. In a progress note dated Aug 04, 2014 the treating physician reports constant low back pain that radiates to the lower extremity with numbness and tingling. Examination reveals decreased range of motion to the lumbar spine, positive straight leg raise bilaterally, and a decreased sensation at lumbar five to sacral one. The injured worker's current medication regimen included Cymbalta and topical medications. The injured worker's pain level was rated an 8 out of 10, but the documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of his medication regimen and after use of his medication regimen to indicate the effects with the use of the injured worker's current medication regimen. Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with use of his medication regimen. The treating physician requested the medical food of Trepadone with a quantity of 120, but the documentation did not indicate the specific reason for the requested treatment.

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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 125. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Medical Foods; Trepadone.

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

Decision rationale: The claimant sustained a work injury and October 2010 and continues to be treated for radiating back pain. When seen, pain was rated at 8/10. He was having lower extremity numbness and tingling. He was requesting another epidural injection. Physical examination findings included decreased lumbar spine range of motion with positive straight leg raising with decreased lower extremity sensation. 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. In this case, there are other single component topical treatments that could be considered. Trepadone was not medically necessary.