

Case Number:	CM14-0070089		
Date Assigned:	07/16/2014	Date of Injury:	09/23/2009
Decision Date:	04/13/2015	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/15/2014

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 59-year-old [REDACTED] beneficiary who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of September 23, 2009. In a Utilization Review Report dated April 15, 2014, the claims administrator failed to approve a request for Trepadone, a dietary supplement. A March 21, 2014 progress note was referenced in the determination. The applicant's attorney subsequently appealed. On January 15, 2014, the applicant presented with issues associated with gastroesophageal reflux disease, sleep disturbance, and chronic pain syndrome. The applicant was given prescriptions for Sentra, Trepadone, Prilosec, and Zantac.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trepadone #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Trepadone Product Information - Nutrient Pharmacology. <http://www.nutrientpharmacology.com/PDFs/monographs/trepadone-monograph.pdf>. Official Disability Guidelines (ODG), Treatment in Workers Comp, 11th Edition, Pain (updated 11/14/13) Trepadone.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM V.3 Chronic Pain General Principles of Treatment Medications Alternative Treatments Recommendation: Complementary or Alternative Treatments, Dietary Supplements, etc., for Chronic Pain Complementary and alternative treatments, or dietary supplements, etc., are not recommended for treatment of chronic pain as they have not been shown to produce meaningful benefits or improvements in functional outcomes. Strength of Evidence Not Recommended, Insufficient Evidence (I).

Decision rationale: No, the request for Trepadone, a dietary supplement, was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic of dietary supplements. However, the Third Edition ACOEM Guidelines Chronic Pain Chapter notes that dietary supplements such as Trepadone are not recommended in the treatment of chronic pain, as was/is present here, as they have not been demonstrated to have any meaningful benefits in the treatment of the same. Here, the attending provider did not furnish any clear or compelling applicant-specific rationale, which would offset the unfavorable ACOEM position on the article at issue. Therefore, the request was not medically necessary.