

Case Number:	CM15-0009038		
Date Assigned:	01/27/2015	Date of Injury:	01/22/2010
Decision Date:	03/20/2015	UR Denial Date:	12/27/2014
Priority:	Standard	Application Received:	01/15/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 65 year old man sustained an industrial injury on 1/22/2010. The mechanism of injury is not detailed. Current diagnoses includes right knee internal deramngement status post total knee replacement, right knee pain, and chronic pain related insomnia. Treatment has included oral medications. Physician notes on a PR-2 dated 11/19/2014 shows the worker was told that he needs additional surgery on his right knee, but does not feel physically or mentally prepared for it. He states he experiences 50% pain relief from oral medications. The physician recommends starting a Butrans patch and utilizing the oral analgesic medications as minimally as possible, for breakthrough pain only. Recomendations include urine drug screen, start Butrans, refill Trepadone, Gabadone, Norco, Clonidine, and Terocin, discontinue Fluriflex, and follow up in six weeks. Request for authorization was submitted for all of these items on 11/19/2014. No further rationale was included for the medication decisions. On 12/27/2014, Utilization Review evaluated prescriptions for Butrans 10 mcg #4, Trepadone #120, Gabadone #60, and terocin patches #30, that were submitted on 1/9/2015. The UR physician noted the following: regarding the Trepadone and Gabadone, they are identified as medical foods and are not indicated for pain or inflammation, rather are used for detoxification of urine, angina, atherosclerosis, coronary artery disease, hypertension, migraines, obesity, and metabolic syndrome. Regarding Terocin, compound medications are not recommended for topical application. The MTUS, ACOEM Guidelines, (or ODG) was cited. The requests were denied, Butrans was modified, and subsequently appealed to Independent Medical Review.

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); Medical Food

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG pain chapter, trepadone

Decision rationale: According to the 11/19/2014 report, this patient presents with an 8-9/10 right knee pain. The current request is for Trepadone #120. Regarding Trepadone, ODG guidelines states Trepadone is a medical food from [REDACTED], that is a proprietary blend of L-arginine, L-glutamine, choline bitartrate, L-serine and gammaaminobutyric acid [GABA]. It is intended for use in the management of joint disorders associated with pain and inflammation. See Medical food, L-Arginine, Glutamic Acid, Choline, L-Serine, and Gamma-aminobutyric acid (GABA). ODG further states, There is no high quality peer-reviewed literature that suggests that GABA is indicated; for Choline, There is no known medical need for choline supplementation. In this case, choline and GABA, an ingredient in Trepadone is not supported by ODG guidelines. 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 (ODG); Medical Food

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

Decision rationale: According to the 11/19/2014 report, this patient presents with an 8-9/10 right knee pain. The current request is for Gabadone #60. The MTUS and ACOEM guidelines are silent with regards to this product. However, the ODG guidelines state not recommended. Gabadone is a medical food from [REDACTED], that is 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 to sleep disorders. The ODG guidelines do not support the use of Gabadone for chronic pain or for sleep aid. Therefore, the request IS NOT medically necessary.

Terocin Patches #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: According to the 11/19/2014 report, this patient presents with an 8-9/10 right knee pain. The current request is for Terocin Patches #30 for the left hip and right knee. Terocin patches are a dermal patch with 4% lidocaine, and 4% menthol. The MTUS guidelines state that Lidocaine patches may be recommended for neuropathic pain that is peripheral and localized when trials of antidepressants and anti-convulsion have failed. ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. In this case, the patient presents with right knee pain which is peripheral and localized, but there is lack of evidence that this is neuropathic in nature. The treating physician has not documented that a trial of anti-depressants and anti-convulsion have failed. The MTUS does not support the use of Terocin patch without documentation of neuropathic pain that is peripheral and localized. The current request IS NOT medically necessary.