

Case Number:	CM15-0106569		
Date Assigned:	06/10/2015	Date of Injury:	10/13/2010
Decision Date:	07/21/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/02/2015

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: 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 injured worker is a 54 year old male, who sustained an industrial injury on 10/13/2010. The injured worker was diagnosed as having low back radiculopathy. Treatment to date has included diagnostics, right shoulder surgery 12/2010, nerve blocks, acupuncture, physical therapy, transcutaneous electrical nerve stimulation unit, cortisone injections, mental health treatment, and medications. Urine toxicology (12/01/2014) was inconsistent with prescribed medications. Currently, the injured worker complains of constant low back pain, radiating to the left lower extremity, with associated numbness and tingling, rated 7/10. Physical exam noted decreased lumbar range of motion. Medications included Ambien, Ativan, Norco, and medical foods, including Trepadone for pain and inflammation associated with joint disorders. His work status remained total temporary disability.

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: Pain Chapter (Online version) Trepadone.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Medical food.

Decision rationale: Trepadone is a medical food thought to help with the management and relief of pain and inflammation related to joint disorders. Medical food is defined in section 5(b) of the Orphan Drug Act (21 U.S.C. 360ee (b) (3)) as a food which is formulated to be consumed or administered entirely under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. Medical foods do not have to be registered with the FDA and as such are not typically subject to the rigorous scrutiny necessary to allow recommendation by evidence-based guidelines. Trepadone #120 is not medically necessary.