

Case Number:	CM15-0148206		
Date Assigned:	08/11/2015	Date of Injury:	02/06/2014
Decision Date:	09/16/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/30/2015

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, Hawaii
 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:

The injured worker is a 37-year-old male who sustained an industrial injury on February 6, 2014 resulting in radiating pain in the upper and lower back and neck, and bilateral wrist pain. He was diagnosed with brachial neuritis or radiculitis; cervical, thoracic and lumbar sprain; and, thoracic and lumbosacral neuritis or radiculitis. Documented treatment has included physical therapy, acupuncture, and medication, with temporary relief. The injured worker continues to present with back and wrist pain. The treating physician's plan of care includes Trepadone. He is presently not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trepadone quantity 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, Trepadone.

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: The patient presents with pain affecting the upper and lower back and bilateral wrists. The current request is for Trepadone quantity 120. The treating physician states in the report dated 6/24/15, “He is prescribed Tramadol 50mg #60 every 12 hours as needed and Trepadone #120 for 1 month.” (49B) The ODG Guidelines state, “Not recommended. Trepadone is a medical food that is suggested for use in the management of joint disorders associated with pain and inflammation.” In this case, the treating physician has requested a treatment that is not recommended by the ODG guidelines. The current request is not medically necessary.