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| <b>Case Number:</b>   | CM15-0201958 |                              |            |
| <b>Date Assigned:</b> | 10/16/2015   | <b>Date of Injury:</b>       | 11/29/2012 |
| <b>Decision Date:</b> | 12/02/2015   | <b>UR Denial Date:</b>       | 09/23/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/14/2015 |

### 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, District of Columbia,  
 Maryland Certification(s)/Specialty: Anesthesiology, 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 38 year old female with an industrial injury dated 11-29-2012. A review of the medical records indicates that the injured worker is undergoing treatment for head pain, cervical musculoligamentous sprain and strain; rule out cervical spine discogenic diseases, thoracic musculoligamentous sprain and strain; rule out thoracic spine discogenic diseases, lumbosacral musculoligamentous sprain and strain with radiculitis; rule out lumbosacral spine discogenic diseases, right hip sprain and strain; rule out right hip trochanteric bursitis. According to the progress note dated 05-14-2015, the injured worker reported headaches, neck pain, back pain and right hip pain. Objective findings (05-14-2015) revealed cervical spine tenderness to palpitation with spasm, decreased range of motion and positive cervical compression test. There was thoracic spine tenderness to palpitation with trigger points, lumbar spine tenderness to palpitation with decreased range of motion and spasms. Right hip tenderness to palpitation with decreased range of motion, positive Patrick and Trendelenburg's test bilaterally were also noted on exam. Treatment has included X-ray of the cervical spine, lumbosacral spine and right hip, prescribed medications, and periodic follow up visits. The treatment plan consisted of medication management, diagnostic testing, extracorporeal shockwave therapy, consultation, physical performance FCE and follow up visit. The utilization review dated 09-23-2015, non- certified the request for Trepadone, #120, one month supply DOS 06-17-2015 (Unspecified Dosage).

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Trepadone , #120, one month supply DOS 06/17/2014 (Unspecified Dosage): 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) Pain Chapter, Online Version.

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

**Decision rationale:** The MTUS is silent on the use of Trepadone. Per the ODG guidelines regarding Trepadone: Not recommended. Trepadone is a medical food that is suggested for use in the management of joint disorders associated with pain and inflammation. It is a proprietary blend of L-arginine, L-glutamine, L-histidine, choline bitartrate, 5-hydroxytryptophan, L-serine, gamma-aminobutyric acid, grape seed extract, cinnamon bark, cocoa, omega-3 fatty acids, histidine, whey protein hydrolysate, glucosamine, chondroitin and cocoa. See Medical food. Under this entry discussions of the various components of this product are given. The entries for 5-hydroxytryptophan, choline bitartrate, L-arginine, histidine, L-glutamine, L-serine and GABA all indicate there is no role for these supplements as treatment for chronic pain. See also Omega-3 fatty acids. Current literature suggests omega-3 fatty acids for treatment of certain cardiovascular and lipid conditions, treatment of rheumatoid arthritis, and for selected patients for depression (primarily those who are unable to take conventional antidepressants). There is insufficient evidence to support use for osteoarthritis or for neuropathic pain. As Trepadone is not recommended, the request is not medically necessary.