

<b>Case Number:</b>	CM15-0022859		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	05/13/2011
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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:

The injured worker is a 47-year-old female who reported an injury on 05/13/2011. The mechanism of injury was not provided. The injured worker underwent a right shoulder arthroscopic decompression on 04/04/2014. The documentation of 12/04/2014 revealed the injured worker had abdominal pain with medication and she had improved as acid reflux and unchanged constipation and diarrhea. The injured worker had diarrhea more than constipation. The injured worker was noted to have worsening sleep difficulty and unchanged nausea and vomiting. The injured worker had no significant findings on physical examination. The diagnoses included abdominal pain, acid reflux, constipation/diarrhea, bright red blood per rectum, nausea/vomiting, shortness of breath, and sleep disorder (rule out obstructive sleep apnea). The medications included Nexium #30 at 40 mg daily, Gaviscon 1 bottle 1 tablespoon 3 times a day, Citrucel #120 at 1 to 2 tablets 3 times a day as needed, probiotics #60 twice a day, Amitiza #60 at 8 mcg twice daily, Fiorinal #90 at 3 times a day as needed, meclizine #90 at 25 mg 3 times a day as needed, Sentra AM #60, Theramine #60, and Trepadone #90. The injured worker was recommended to follow a low fat, low acid diet. There was a Request for Authorization for the medications dated 12/04/2014.

### 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 Official Disability Guidelines (ODG), Pain, Trepadone.

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

**Decision rationale:** The Official Disability Guidelines indicate that Trepadone is not recommended. The duration of use could not be established. There was a lack of documented efficacy for the use of the medication. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Trepadone #90 is not medically necessary.