

<b>Case Number:</b>	CM15-0221165		
<b>Date Assigned:</b>	11/16/2015	<b>Date of Injury:</b>	04/02/2014
<b>Decision Date:</b>	12/29/2015	<b>UR Denial Date:</b>	10/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2015

### 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 31 year old man sustained an industrial injury on 4-2-2014. Diagnoses include right thigh and ankle atrophy, plantar fasciitis of the right foot, and surgical interventions to the right great toe and ankle. Treatment has included oral and topical medications, surgical interventions, and acupuncture. Physician notes on a PR-2 dated 8-27-2015 show complaints of right ankle and foot pain rated 4 out of 10. The physical examination shows grade 2 tenderness on palpation of the right ankle and foot with "restricted" range of motion. Recommendations include acupuncture, Trepadone, Tramadol, Flurbiprofen cream, and follow up in five weeks. Utilization Review denied a request for Trepadone on 10-20-2015.

### 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 Chapter, 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, under Medical food.

**Decision rationale:** The patient presents on 10/01/15 with right ankle and foot pain rated 5/10. The patient's date of injury is 04/02/14. The request is for Treadone #90. The RFA was not provided. Physical examination dated 10/01/15 reveals grade 2 tenderness to palpation of the right ankle and right wrist. The patient is currently prescribed Tramadol. Patient is currently classified as temporarily totally disabled. Treadone is a Nutritional Supplement consisting of a combination of L-Arginine, L-Histidine, L-Glutamine, L-Serine, GABA, Griffonia Seed (20% 5HTP), Whey Protein, Grape Seed Extract, Chondroitin Sulfate, Glucosamine, Omega-3-FFA from Tuna oil and Cocoa. ODG Pain chapter, under Medical food states that it is intended for a specific dietary management of a disease or condition for which distinctive nutritional requirements are established by medical evaluation. To be considered, the product must meet the following criteria: 1.) The product must be a food for oral or tube feeding 2.) The product must be labeled for dietary management of a specific medical disorder 3.) The product must be used under medical supervision. In this case, the provider is requesting a nutritional supplement, Treadone, which is a combination of several amino acids, omega-3 fatty acids, and other ingredients. This patient presents with chronic back pain, however there is no discussion of GI complaints or other nutrition-related illness, which would necessitate supplementation. ODG supports medical food, provided that the product is labeled for dietary management of a particular disorder and is utilized under medical supervision. There is no indication that the patient has been diagnosed with a nutritional disorder, or that said supplement will be administered under medical supervision - without such discussion the request cannot be substantiated. Therefore, this request IS NOT medically necessary.