

<b>Case Number:</b>	CM15-0053056		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	01/22/2010
<b>Decision Date:</b>	06/08/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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, Arizona

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 65-year-old male who reported an injury on 01/22/2010. The mechanism of injury reportedly occurred when the injured worker fell and hit his knee against a pallet. His diagnoses included right knee internal derangement status post total knee replacement, right knee pain, and chronic pain related insomnia. Diagnostic studies included an MRI of the left hip, performed on 02/26/2014, read by [REDACTED], which was noted to reveal acute microtrabecular fracture involving the anterior wall of the left acetabulum, with extensive associated bone marrow edema; mild bony contusion involving the left side of the pubic symphysis; mild strain of the left iliacus, left abductor longus, and left obturator internus and externus muscles; degeneration of the anterior portion of the left acetabular labrum; sigmoid diverticulitis; and unofficial bone scan of the right knee, performed on 03/07/2013, read by [REDACTED], which was noted to reveal: fairly intense remodeling of the bone on delayed images, associated with the lateral right tibial plateau and region of the lateral right femoral condyle posteriorly. His surgical treatment included a right knee arthroscopy on 04/23/2010. On 03/31/2015, the injured worker complained of right knee pain. Physical examination was not specifically documented during this visit. Current medications were noted to include GABAdone and Trepadone, dosages and frequencies not provided. His treatment plan included continuation of medications and authorization for a urine drug screen. The rationale for the request was not provided. The Request for Authorization form was dated 03/31/2015.

### 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.

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

**Decision rationale:** The Official Disability Guidelines state that medical foods are not recommended for treatment of chronic pain, as they have not been shown to produce meaningful benefits or improvements in functional outcomes. The clinical information indicated that the injured worker has been taking Trepadone since at least 03/20/2014. However, as the medication is not recommended by the evidence based guidelines, continued use is not supported. In addition, the request as submitted did not specify the frequency of use for the medication. Therefore, the request for Trepadone #120 is not medically necessary.

**GABAdone #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** The Official Disability Guidelines state that medical foods are not recommended for treatment of chronic pain as they have not been shown to produce meaningful benefits or improvements in functional outcomes. The clinical information indicated that the injured worker has been taking GABAdone since at least 03/20/2014. However, as the medication is not recommended by the evidence based guidelines, continued use is not supported. In addition, the request as submitted did not specify the frequency of use for the medication. Therefore, the request for GABAdone #60 is not medically necessary.

**Nattokinase #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** The Official Disability Guidelines state that medical foods are not recommended for treatment of chronic pain as they have not been shown to produce meaningful benefits or improvements in functional outcomes. The clinical information indicated that the injured worker has been taking Nattokinase since at least 06/19/2014. However, as the medication is not recommended by the evidence based guidelines, continued use is not supported. In addition, the request as submitted did not specify the frequency of use for the medication. Therefore, the request for Nattokinase #60 is not medically necessary.

**FluriFlex Cream 240gm:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** The California MTUS Guidelines recommend use of topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The clinical information indicated the injured worker has been utilizing FluriFlex cream for an unspecified amount of time. However, there was no documentation with evidence of failed use of antidepressants and anticonvulsants to warrant administration of topical cream. Given the absence of the information indicated above, the request is not supported. In addition, the request as submitted did not specify frequency or use or the area of the body the cream was to be used, as topical NSAIDs have not been evaluated for treatment of the spine, hip, or shoulder. Therefore, the request for FluriFlex cream 240 grams is not medically necessary.