

Case Number:	CM15-0081054		
Date Assigned:	05/01/2015	Date of Injury:	01/22/2010
Decision Date:	06/01/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/27/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 female, who sustained an industrial injury on 1/22/2010. The mechanism of injury is unknown. The injured worker was diagnosed as having 2 right knee arthroscopies, right knee internal derangement, right knee pain and insomnia. There is no record of a recent diagnostic study. Treatment to date has included surgery, physical therapy and medication management. In a progress note dated 3/31/2015, the injured worker complains of right knee pain and instability. The treating physician is requesting Trepadone and Gabdone.

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 (ODG).

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

Decision rationale: Pursuant to the Official Disability Guidelines, Trepadone #120 is not medically necessary. Medical foods are not recommended for chronic pain. Medical foods have not been shown to produce meaningful benefits or improvements in functional outcomes. See the guidelines for additional details. In this case, the injured worker's working diagnoses are right knee internal arrangement, status post total knee replacement 2013; right knee pain; and chronic pain related insomnia. Medical foods are not recommended for chronic pain. Trepadone, a medical food, first appeared in a progress note dated April 3, 2014. The treating provider, according to a March 31, 2015 progress note, states Trepadone is indicated for joint health. The guidelines do not recommend Trepadone. Consequently, absent guideline recommendations for medical foods (Trepadone), Trepadone #120 is not medically necessary.

Gabdone #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 (ODG).

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

Decision rationale: Pursuant to the Official Disability Guidelines, Gabadone #60 is not medically necessary. Medical foods are not recommended for chronic pain. Medical foods have not been shown to produce meaningful benefits or improvements in functional outcomes. See the guidelines for additional details. In this case, the injured worker's working diagnoses are right knee internal arrangement, status post total knee replacement 2013; right knee pain; and chronic pain related insomnia. Medical foods are not recommended for chronic pain. Gabadone, a medical food, first appeared in a progress note dated April 3, 2014. The treating provider, according to a March 31, 2015 progress note, states Gabadone is indicated for insomnia. The guidelines do not recommend Gabadone. Consequently, absent guideline recommendations for medical foods (Gabadone), Gabadone #60 is not medically necessary.