

Case Number:	CM15-0088961		
Date Assigned:	05/13/2015	Date of Injury:	08/31/2009
Decision Date:	06/17/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/29/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 67 year old male, who sustained an industrial injury on 8/31/2009. Diagnoses include status post cervical spine surgery, cervical spine radiculopathy, cervical spine disc protrusion, cervical spine degeneration, cervical spine stenosis, lumbar disc protrusion, lumbar spinal stenosis, lumbar spine radiculopathy, lumbar spine facet syndrome, left shoulder tendinitis, left shoulder full rotator cuff tear, left shoulder osteoarthritis, left shoulder bursitis and bilateral carpal tunnel syndrome. Treatment to date has included diagnostics including magnetic resonance imaging (MRI) (1/30/2015) and topical and oral medications. Per the Primary Treating Physician's Progress Report dated 3/19/2015, the injured worker reported constant neck pain rated 7/10 with pain radiating to the left upper extremity, constant low back pain rated 8-9/10 with pain radiating to the right lower extremity, constant left shoulder pain rated 9/10, constant right wrist pain rated 6/10 with numbness and tingling, and constant left wrist pain rated as 10/10 with pain radiating to the fingers with numbness and tingling. Physical examination of the cervical spine revealed decreased ranges of motion with tenderness along the cervical spine and trapezius muscles bilaterally with spasms. Shoulder examination revealed tenderness along the left shoulder acromioclavicular (AC) joint and shoulder trapezius muscles with spasm. Wrist examination revealed decreased ranges of motion and positive Phalen's and Tinel's tests. There was tenderness noted over the carpal segments bilaterally. The plan of care included medications and authorization was requested for Capsaicin, Trepadone and Trepadone administered on 3/19/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective Usage of Capsaicin 0.025%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the guidelines, Capsaicin may be used in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain when other forms of treatment have failed. Long-term use of topical analgesics is not recommended. In this case, the claimant had been on Norco along with numerous topical analgesics. Failure of oral analgesics or response to varied topical analgesics cannot be determined. The Capsaicin as prescribed is not medically necessary.

Prospective Usage of Trepadone Qty 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: Medical food.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG and medical foods and pg 75 Trepadone website.

Decision rationale: Trepadone is a proprietary blend of neurotransmitter precursors (L-arginine, L-glutamine, L-histidine, choline bitartrate, 5-hydroxytryptophan, L-serine) and neurotransmitters (gamma-aminobutyric acid [GABA]); polyphenolic antioxidants (grape seed extract, cinnamon bark, cocoa); anti-inflammatory compounds (omega-3 fatty acids and histidine); immunomodulatory peptides (whey protein hydrolysate). According to the guidelines, GABA is indicated for epilepsy, spasticity and tardive dyskinesia. The claimant does not have the history of the above diagnoses. In addition, hydroxytryptophan: This supplement has been found to be possibly effective in treatment of anxiety disorders, fibromyalgia, obesity and sleep disorders. It has been found to be effective for depression. In this case, the Trepadone was given for pain and joint disorders. There were no indications for the use of GABA and hydroxytryptophan contained in Trepadone. The Trepadone is not medically necessary.

Retrospective Usage of Trepadone Qty 120 (DOS 03-19-15): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG and medical foods pg 75 Trepadone website.

Decision rationale: Trepadone is a proprietary blend of neurotransmitter precursors (L-arginine, L-glutamine, L-histidine, choline bitartrate, 5-hydroxytryptophan, L-serine) and neurotransmitters (gamma-aminobutyric acid [GABA]); polyphenolic antioxidants (grape seed extract, cinnamon bark, cocoa); anti-inflammatory compounds (omega-3 fatty acids and histidine); immunomodulatory peptides (whey protein hydrolysate). According to the guidelines, GABA is indicated for epilepsy, spasticity and tardive dyskinesia. The claimant does not have the history of the above diagnoses. In addition, hydroxytryptophan: This supplement has been found to be possibly effective in treatment of anxiety disorders, fibromyalgia, obesity and sleep disorders. It has been found to be effective for depression. In this case, the Trepadone was given for pain and joint disorders. There were no indications for the use of GABA and hydroxytryptophan contained in Trepadone. In addition, the claimant was simultaneously on other topical analgesics without substantiation of response. The Trepadone is not medically necessary.