

<b>Case Number:</b>	CM14-0122390		
<b>Date Assigned:</b>	09/08/2014	<b>Date of Injury:</b>	06/03/2013
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	07/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 62-year-old male with date of injury of 06/13/2013. The listed diagnosis per [REDACTED] from 06/30/2014 is right hip/thigh status post intertrochanteric hip fracture. According to this report, the patient complains of right hip pain. The patient is status post right ORIF (Open Reduction and Internal Fixation) intertrochanteric surgery of the right hip on 06/04/2013. He states no changes in his symptoms. The patient notes his pain to be consistent aching pain that radiates to the right leg with instability in the right knee. He also reports joint pain and he wishes to prevent the development of arthritis in his knees. The examination shows tenderness present at the proximal third of the quad muscle, mid third of the quadriceps muscles, and distal third of the quad muscles of the right hip. ROM (range of motion) noted with pain in certain movements of the hip. The utilization review denied the request on 07/21/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trepadone 1 bottle:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain (updated 07/10/14); 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 on Trepadone

**Decision rationale:** This patient presents with right hip pain. The treater is requesting Trepadone one bottle. The MTUS and ACOEM Guidelines do not address this request. However, ODG Guidelines under the pain chapter on Trepadone states, "Not recommended for treatment of chronic pain. Trepadone is a medical food from Targeted Medical Pharma Inc., Los Angeles, California that is a proprietary blend of L-arginine, L-glutamine, choline bitartrate, L-serine, and gamma aminobutyric acid (GABA). It is intended for use in the management of joint disorders associated with pain and inflammation." The records show that the patient was prescribed Trepadone on 06/30/2014. The treater notes on this report, "The patient wishes to prevent further development of arthritis and is currently experiencing joint pain. This medication has clinically shown evidence of providing lessened arthritis development and will benefit the patient considering his condition." In this case, while the patient does present with joint pain, Trepadone is not recommended by ODG for treatment of chronic pain. Recommendation is for denial.