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| Case Number: | CM14-0122562 | | |
| Date Assigned: | 09/16/2014 | Date of Injury: | 01/06/2010 |
| Decision Date: | 11/12/2014 | UR Denial Date: | 07/23/2014 |
| Priority: | Standard | Application Received: | 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, has a subspecialty in Interventional Spine 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 injured worker is a 47-year-old male with an injury date of 01/06/2010. According to the 06/18/2014 progress report, the injured worker complains of having pain in his neck and his left upper extremity. He rates his pain as an 8/10 with medications and a 10/10 without pain medications. The 07/17/2014 report also indicates that the injured worker has shoulder pain and arm pain. The injured worker has multiple large painful trigger points in the cervical paraspinal musculature, all to the left of the midline from the base of the skull down to the C7-T1 dermatomal level. The injured worker also had one large trigger point at the T4 level by the left shoulder blade. The injured worker's diagnoses include the following: 1. Cervical radiculopathy. 2. Neck pain. 3. Left shoulder sprain/strain, S/P surgery. 4. Left shoulder pain. 5. Cephalgia 6. Chronic pain syndrome. 7. Tension headaches. 8. Myofascial syndrome. 9. Neuropathic pain. 10. Chronic-pain-related insomnia. The utilization review determination being challenged is dated 07/23/2014. Treatments reports are provided from 01/14/2014 - 07/17/2014.

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 DISABILITIES GUIDELINES: PAIN CHAPTER

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Generally Recognized As Safe (GRAS) as defined by the Food and Drug Administration (FDA)" (http://ptloffice.com/downloads/marketing/Trepadone_Package_Insert_Sept_2012.pdf).

Decision rationale: Based on the 06/18/2014 progress report, the injured worker complains of having neck pain and left upper extremity pain. The request is for Trepadone #120. "Trepadone capsules by oral administration. Especially formulated medical food product, consisting of a proprietary formulation of amino acids and polyphenol ingredients in specific proportions, for the dietary management of the metabolic processes associated with pain and inflammation related to joint disorders (JD). These ingredients fall into the classification of Generally Recognized as Safe (GRAS) as defined by the Food and Drug Administration (FDA)" (http://ptloffice.com/downloads/marketing/Trepadone_Package_Insert_Sept_2012.pdf). The injured worker has been taking Trepadone as early as 05/15/2014. The 07/17/2014 report states, "Discontinue Trepadone. Injured worker states not helping." In this case, there is no indication of any benefit from Trepadone. There are no guidelines which support this "medical food." The request for Trepadone #120 is not medically necessary.