

Case Number:	CM14-0153280		
Date Assigned:	09/23/2014	Date of Injury:	06/20/2010
Decision Date:	11/12/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/19/2014

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 & 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 patient is a 54 year old female with an injury date of 06/20/10. The 08/04/14 progress report by [REDACTED] states that the patient presents with constant lower back pain radiating to the left lower extremity with numbness and tingling rated 6/10. Examination reveals the tender lumbar spine with sensation decreased in the bilateral lower extremities at L5-S1. The patient's diagnosis is status post lumbar surgery. The 05/29/13 bilateral L4-L5 and L5-S1 laminoforaminotomy and microdiscectomy operative report was included. The utilization review being challenged is dated 09/08/14. Reports were provided from 02/15/14 to 09/23/14. The 05/29/13 bilateral L4-L5 and L5-S1 laminoforaminotomy and microdiscectomy operative report was included. The utilization review being challenged is dated 09/08/14. Reports were provided from 02/15/14 to 09/23/14.

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, Pain (Updated 07/10/2014), Trepadone.

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

Decision rationale: The patient presents with constant lower back pain radiating to the left lower extremity rated 6/10. The physician states on 08/04/14 that, "Medical foods help with sleep and pain, all Ambien prescriptions have been discontinued. Lumbar spine pain is severe..." MTUS is silent on Trepadone. ODG Pain (Chronic) section guidelines state the following regarding Trepadone, "Not recommended for the treatment of chronic pain. Trepadone is a medical food from [REDACTED] that is a proprietary blend of L-arginine, L-glutamine, choline bitartrate, L-serine and gammaaminobutyric acid [GABA]. It is intended for use in the management of joint disorders associated with pain and inflammation." In this case, this medication is not recommended for chronic pain per ODG. Therefore the request is not medically necessary. In this case, this medication is not recommended for chronic pain per ODG. Recommendation is for denial.