

Case Number:	CM14-0089438		
Date Assigned:	07/23/2014	Date of Injury:	09/13/2010
Decision Date:	09/29/2014	UR Denial Date:	05/31/2014
Priority:	Standard	Application Received:	06/13/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 54 year old female who reported an injury to her neck on 09/13/10. The utilization review dated 08/22/14 resulted in a denial for the use Trepadone. The clinical note dated 12/17/13 indicates the injured worker stated the initial injury occurred when she was struck by individual carrying stacks of bread on a dolly when he was unable to see the injured worker. The incident resulted in multiple injuries to include a medial meniscal tear at the right knee. The note indicates the injured worker continuing with right knee pain. The injured worker was able to demonstrate 0 to 130 degrees of range of motion at the right knee.

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, Trepadone, Medical Food.

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

Decision rationale: Treadone is a medical food 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. Additionally, the use of herbal medicines or medical foods is not recommended. Further, there is no indication the patient has failed previous prescription medications or has obvious contraindications that necessitate medical food/herbal use. As such, the request for Treadone is not medically necessary.