

Case Number:	CM14-0197569		
Date Assigned:	12/05/2014	Date of Injury:	11/27/2000
Decision Date:	01/16/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/24/2014

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, 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:

This 53 year-old patient sustained an injury on 11/27/2000 while employed by [REDACTED] Request(s) under consideration include Trepadone #120. Diagnoses include Brachial neuritis/ radiculitis; cervical radiculopathy s/p cervical fusion and revisions; right shoulder strain/sprain; chronic pain syndrome; tension headaches; insomnia related to myofascial syndrome; neuropathic pain, and narcotic dependence. Conservative care has included medications, therapy, and modified activities/rest. The patient continues to treat for chronic ongoing pain symptoms. Report from the provider noted the patient with pain; however, with use of Fentanyl prescription decreases pain symptoms from 10/10 without to 2/10 with medications. There was no report of change or progression in exam findings on submitted documents. There were reports of inconsistent UDS findings on 7/1/14 and 8/14/14 without change in treatment regimen. Current treatment plan included repeating UDS and Fentanyl patches, both authorized. The request(s) for Trepadone #120 was non-certified on 10/21/14 citing guidelines criteria and lack of medical necessity.

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 (Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Treadone, page 855 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Updated Chronic Pain Chapter 7, page 136-137

Decision rationale: This 53 year-old patient sustained an injury on 11/27/2000 while employed by [REDACTED]. Request(s) under consideration include Treadone #120. Diagnoses include Brachial neuritis/ radiculitis; cervical radiculopathy s/p cervical fusion and revisions; right shoulder strain/sprain; chronic pain syndrome; tension headaches; insomnia related to myofascial syndrome; neuropathic pain, and narcotic dependence. Conservative care has included medications, therapy, and modified activities/rest. The patient continues to treat for chronic ongoing pain symptoms. Report from the provider noted the patient with pain; however, with use of Fentanyl prescription decreases pain symptoms from 10/10 without to 2/10 with medications. There was no report of change or progression in exam findings on submitted documents. There were reports of inconsistent UDS findings on 7/1/14 and 8/14/14 without change in treatment regimen. Current treatment plan included repeating UDS and Fentanyl patches, both authorized. The request(s) for Treadone #120 was non-certified on 10/21/14. Treadone is a proprietary blend of L-arginine, L-glutamine, choline bitartrate, L-serine and gamma-aminobutyric acid [GABA]. It is considered in the dietary food supplement category, not FDA certified. Per MTUS Treatment Guidelines, these are classified as medical food containing products that are not recommended for treatment of chronic pain as they have not been shown to produce meaningful benefits or improvements in functional outcomes. Submitted reports have not documented any nutritional deficiency or medical conditions that would require nutritional supplementation like Treadone as it relates to this patient's musculoskeletal injuries. Submitted medical reports have not adequately demonstrated or addressed the medical necessity for Treadone. The Treadone #120 is not medically necessary and appropriate.