

<b>Case Number:</b>	CM15-0116461		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	09/27/1991
<b>Decision Date:</b>	08/28/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York

Certification(s)/Specialty: Pediatrics, Internal Medicine

### 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 55 year old female, who sustained an industrial injury on September 27, 1991. Several documents included in the submitted medical records are difficult to decipher. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having lumbar Radiculopathy status post lumbar fusion in 2009, chronic pain syndrome, failed back syndrome (lumbago), myofascial syndrome, status post right knee surgery, neuropathic pain, and chronic pain related insomnia. Diagnostic studies were not included in the provided medical records. Treatment to date has included oral short-acting and long-acting opioid analgesic, topical analgesics, antianxiety, muscle relaxant, chondroitin/glucosamine, proton pump inhibitor, analgesic/barbiturate, anti-epilepsy, antiemetic, anticholinergic/benzodiazepine, sleep, medical foods, and antidepressant medications. There were no noted previous injuries or dates of injury, and no noted comorbidities. On May 13, 2015, the injured worker complains of feeling "so-so". She reports being very stressed due running an apartment complex by herself. Her Norco decreases her pain from 9/10 and increases her ability to function at a higher level, including activities of daily living, household chores, and apartment complex work. She is only able to perform her activities of daily living without medication. Her pain was rated: today = 7, with medication = 7, without medication = 9 and average = 8. The physical exam revealed a right-sided antalgic gait. The treatment plan includes continuing the medical foods, Percura and Trepadone. Requested treatments include: Percura and Trepadone.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Percura #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 (ODG), (Web) Pain, 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) Chapter: Medical Food; Percura.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) guidelines are silent with regard to the medical food Percura. Percura contains gamma-aminobutyric acid, choline bitartrate, L-arginine, L-serine, and other ingredients, which is "intended for dietary management of metabolic processes associated with pain, inflammation and loss of sensation due to peripheral neuropathy." There is no high quality scientific evidence to support that suggests that Gamma-aminobutyric acid (GABA) to support its use. For Long-term parenteral nutrition or for individuals with choline deficiency secondary to liver deficiency are the only known medical needs for choline supplementation. L-Arginine is an amino acid supplement that has no high quality peer-reviewed literature that suggests that support its use for chronic pain or osteoarthritis. There are no indications for the use of L-Serine. Therefore, the request for Percura is not medically necessary.

### **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 (ODG), (Web) Pain, 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) Chapter: Medical Food; Trepadone.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) guidelines are silent with regard to medical food Trepadone. The Official Disability Guidelines (ODG) does not recommend medical food for chronic pain. There have been no meaningful benefits or improvements in functional outcomes shown to be produced by the use of medical foods. Trepadone is not recommended by the Official Disability Guidelines (ODG). Trepadone has been "suggested for use in the management of joint disorders associated with pain and inflammation ". Trepadone contains 5-hydroxytryptophan, choline bitartrate, L-arginine, histidine, L-glutamine, L-serine and GABA and other ingredients. There no role for these supplements in chronic pain treatment: 5-hydroxytryptophan, choline bitartrate, L-arginine, histidine, L-glutamine, L-serine and GABA. Therefore, the request for Trepadone is or is not medically necessary.