

Case Number:	CM15-0117849		
Date Assigned:	06/26/2015	Date of Injury:	05/13/2011
Decision Date:	07/27/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/18/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 46 year old female, who sustained an industrial injury on 05/13/2011. She has reported injury to the head, neck, right shoulder, and low back. The diagnoses have included headaches; status post right shoulder surgery; cervical radiculopathy secondary to multilevel cervical disc disease; lumbar radiculopathy secondary to multilevel lumbar disc disease; abdominal pain; acid reflux; and constipation/diarrhea. Treatment to date has included medications, diagnostics, physical therapy, trigger point injection, acupuncture, and surgical intervention. Medications have included Norco, Valium, Elavil, Cyclobenzaprine, Dendracin, Zantac, Nexium, Probiotics, and Trepadone. A progress note from the treating physician, dated 03/25/2015, documented a follow-up visit with the injured worker. The injured worker reported improved abdominal pain with medication only; improved acid reflux; unchanged diarrhea; improving shortness of breath with pain and anxiety; unchanged sleep difficulty; and improved nausea/vomiting. Objective findings included clear lungs to auscultation with no rales or wheezes appreciated; regular heart rate and rhythm; soft abdomen with normo-active bowel sounds; and no clubbing, cyanosis, or edema of the extremities. The treatment plan has included the request for Trepadone quantity 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trepadone quantity 90: 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 Chapter, Trepadone.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain, Trepadone, page 855: Trepadone.

Decision rationale: Trepadone 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 Trepadone as it relates to this patient's musculoskeletal injuries. Submitted medical reports have not adequately demonstrated or addressed the medical necessity for Trepadone. The Trepadone quantity 90 is not medically necessary and appropriate.