

Case Number:	CM15-0129301		
Date Assigned:	07/15/2015	Date of Injury:	10/30/2007
Decision Date:	08/26/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/03/2015

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 60 year old female, who sustained an industrial injury on October 30, 2007. The injured worker reported pain in her neck, shoulder and back while ripping opening plastic bags. The injured worker was diagnosed as having cervical and lumbosacral strain/sprain with radiculitis, thoracic strain/sprain, left shoulder and elbow strain/sprain, left elbow epicondylitis and left shoulder tendinitis. Treatment to date has included chiropractic treatment and medication. A progress note dated June 10, 2015 provides the injured worker complains of neck, left shoulder, left arm and back pain. Physical exam notes cervical and para cervical tenderness on palpation with spasm, decreased range of motion (ROM) and positive compression test. There is thoracic, lumbar, para spinal and sacroiliac tenderness and spasm with trigger points and decreased range of motion (ROM) and positive straight leg raise. There is left shoulder tenderness with decreased range of motion (ROM) and positive Neer's test. The elbow is tender with decreased strength. The right lower extremity has decreased strength and sensation. The plan includes physical therapy, lab work, electromyogram, nerve conduction study and medication. There is a request for Trepadone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trepadone Cap #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment in Workers Comp 13th Edition Pain.

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 under 'Trepadone'.

Decision rationale: The patient was injured on 10/30/07 and presents with neck pain, back pain, left shoulder pain, and left arm pain. The request is for TREPADONE CAP #120. There is no RFA provided and the patient is on temporary total disability until 07/22/15. ODG guidelines, chapter 'Pain (chronic)' and topic 'Trepadone', states that the medical food is not recommended. Trepadone is a medical food that is suggested for use in the management of joint disorders associated with pain and inflammation. It is a proprietary blend of L-arginine, L-glutamine, L-histidine, choline bitartrate, 5-hydroxytryptophan, L-serine, gamma-aminobutyric acid, grape seed extract, cinnamon bark, cocoa, omega-3 fatty acids, histidine, whey protein hydrolysate, glucosamine, chondroitin and cocoa. The guidelines also state that there is insufficient evidence to support use for osteoarthritis or for neuropathic pain. The patient is diagnosed with cervical and lumbosacral strain/sprain with radiculitis, thoracic strain/sprain, left shoulder and elbow strain/sprain, left elbow epicondylitis, and left shoulder tendinitis. Treatment to date includes chiropractic treatment and medication. ODG guidelines states that Trepadone is not recommended. Due to lack of support from guidelines, the requested Trepadone is not medically necessary.