

Case Number:	CM13-0006771		
Date Assigned:	03/21/2014	Date of Injury:	03/05/2012
Decision Date:	04/23/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	08/05/2013

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 and Rehabilitation, has a subspecialty in Pain Management 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 is a female patient with the date of injury of March 5, 2012. A utilization review determination dated July 17, 2013 recommends non-certification of Tyramine. The previous reviewing physician recommended non-certification of Tyramine due to lack of higher quality studies of the ingredients in Tyramine. A Progress Report dated May 30, 2013 identifies Present Complaints of aching pain in the low back which radiates down to the hips. Physical Examination identifies full and normal strength in the lower lumbar spine. The knee range is intact. Motion is impaired with bend, rotation, flexion and extension. Diagnoses identify status post L4-5 surgery and mild left shoulder impingement. Treatment Plan identifies authorization for 12 sessions of aqua therapy, 12 sessions of acupuncture, ibuprofen 800mg #60 and Theramine #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

TYRAMINE: 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) Treatment Index, 9th Edition, (web) 2011.

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

Decision rationale: Regarding the request for Theramine, California MTUS and ACOEM Guidelines do not contain criteria for the use of medical foods. ODG states Theramine is not recommended. It is intended for use in the management of pain syndromes that include acute pain, chronic pain, fibromyalgia, neuropathic pain, and inflammatory pain. Until there are higher quality studies of the ingredients in Theramine, it remains not recommended. As such, the currently requested Theramine is not medically necessary.