MAXIMUS Federal Services

Case Number:	CM13-0013979		
Date Assigned:	12/27/2013	Date of Injury:	05/14/2011
Decision Date:	03/14/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, 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 physician 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:

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records: This patient is a 49-year-old male with date of injury from 05/14/2011. Per treater's report 07/26/2013, listed diagnoses: 1. Status post sprained left knee with meniscectomy and chondroplasty for articular cartilage defect. 2. Right knee strain/sprain from cumulative trauma, status post right knee medial meniscectomy and chondroplasty. Presenting complaints were bilateral knee pains on a scale of 5/10 intensity. This report indicates the patient's current medications were none.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #90, one (1) tablet every six (6) hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 88-89.

Decision rationale: There is a request for authorization dated 07/24/2013 with request for Norco and Theramine. These requests were denied per utilization review letter dated 08/05/2013.

Reason for denial was that there was no documentation that the prescriptions are from a single practitioner taken as directed, that the lowest possible dose is being prescribed, that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Included reports in file are dated 03/18/2013, 03/28/2013, 03/14/2013, 02/06/2013, and 02/28/2013. None of these reports list Norco or any discussion regarding the use of Norco. These reports are handwritten and there are check boxes next to medications. The reports from 02/06/2013, 02/14/2013, and 03/18/2013 do not have any of the medication check boxes checked. The 03/18/2013 report indicates that the patient returned to work and that the patient is to continue to work.

Theramine 101.5 mg capsule #90, one to two (1-2) tablets every four (4) hours, as needed for pain: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Section Pain.

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

Decision rationale: This employee presents with bilateral knee pain with history of bilateral knee arthroscopic surgeries for meniscectomy and chondroplasties. The treating physician has requested Theramine per 07/24/2013 prescription and RFA. While MTUS and ACOEM Guidelines do not discuss Theramine, ODG Guidelines indicate that Theramine, a medical food, is not recommended. This is a proprietary blend of gamma-aminobutyric acid and choline bitartrate, L-arginine and L-serine intended for use in the management of pain syndromes. However, there is lack of high-quality peer-reviewed literature that suggests that GABA is indicated, nor the choline, L-arginine, et cetera. Recommendation is for denial.