

Case Number:	CM13-0020977		
Date Assigned:	10/11/2013	Date of Injury:	07/23/2012
Decision Date:	01/28/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	09/06/2013

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 and 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.

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 patient is a 40 YO, F with a date of injury on 7/23/12. [REDACTED] progress report, dated 7/30/13, noted that the patient complained of chronic low back pain radiating to the lower extremities. Exam findings included: Limited lumbar ROM, positive SLR bilaterally, and tenderness to the lumbar spine. The patient's diagnoses include lumbar disc protrusion and lumbar radiculopathy. A request was made for Therapentin-60, which is a combination pack of Gabapentin and Theramine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for one (1) prescription of Therapentin #60 between 6/19/2013 and 6/19/2013: 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, (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG has the following for Theramine.

Decision rationale: [REDACTED] progress report, dated 7/30/13, noted that the patient complained of chronic low back pain radiating to the lower extremities. Exam findings included: Limited lumbar ROM, positive SLR bilaterally, and tenderness to the lumbar spine. The patient's

diagnoses include: lumbar disc protrusion and lumbar radiculopathy. A request was made for Therapentin-60 which is a combination pack of gabapentin and theramine. MTUS does not make recommendations regarding theramine, therefore a different guideline was reviewed. Theramine is a medical food that is not recommended by ODG. Gabapentin is recommended by MTUS as a first-line medication for neuropathic pain, however the combination with theramine is not recommended by the guidelines noted above. Recommendation is for denial.