

Case Number:	CM13-0025460		
Date Assigned:	11/20/2013	Date of Injury:	02/02/2004
Decision Date:	01/24/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	09/17/2013

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, 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 patient is a 56-year-old female who reported an injury on 2/2/04. The patient's diagnoses are cervical strain; cervical disc bulge at C4-5, C5-6, and C6-7; bilateral De Quervain's tenosynovitis; bilateral carpal tunnel syndrome; epicondylitis; bilateral shoulder impingement; lumbar spine pain; and cervical spine discopathy. The patient's subjective complaints are ongoing pain to the cervical spine and upper extremities. Objective findings reflect tenderness to palpation of the cervical spine, spasm, and tightness in the paracervical musculature. Numbness to the thenar eminence was also noted, with decreased grip strength to the bilateral hands and thumbs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Theramine, #90: Upheld

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

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

Decision rationale: The Official Disability Guidelines state that Theramine is not recommended. It states that Theramine is a medical food that is a proprietary blend of GABA, choline, L-arginine, and L-serine. It is intended for use in the management of pain syndromes that include acute pain, chronic pain, fibromyalgia, neuropathic pain, and inflammatory pain. However, it states that there is no high quality peer-reviewed literature that suggests that GABA is indicated. It also states that there is no known medical need for choline supplementation, that L-arginine is not indicated in current references for pain or inflammation, and that there is no indication for the use of L-serine in any context. It further specifies that until there are higher quality studies of the ingredients in Theramine, it remains not recommended. The patient was noted to have ongoing pain related to multiple diagnoses; however, as this medical food is not recommended by Guidelines, it is not supported.

purchase of a home ultrasound unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 123. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 123.

Decision rationale: The California MTUS Guidelines state that therapeutic ultrasound is not recommended. It states that despite over 60 years of clinical use, the effectiveness of ultrasound for treating people with pain, musculoskeletal injuries, and soft tissue lesions remains questionable. It further states that there is little evidence that active therapeutic ultrasound is more effective than placebo ultrasound for treating people with pain, or musculoskeletal injuries, or for promoting soft tissue healing. The patient was noted to have ongoing pain related to multiple diagnoses; however, treatment with ultrasound is not recommended by guidelines. Therefore, the request for is non-certified