

<b>Case Number:</b>	CM13-0031609		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	09/27/2012
<b>Decision Date:</b>	01/08/2014	<b>UR Denial Date:</b>	09/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2013

### 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 Internal Medicine, has a subspecialty in Pulmonary Disease 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 36-year-old female who reported an injury on 09/27/2012. The mechanism of injury was noted as the patient experienced the onset of low back pain when she was trying to restrain an approximately 40 to 50 pound 5-year-old student who was attempting to jump from a playground structure. The patient was initially diagnosed as having lumbosacral spine musculoligamentous sprain/strain, with MRI findings of the L5-S1 disc desiccation, and a 3 mm posterior disc bulge, and a right sacroiliac joint sprain. In the 6 months from 01/07/2013 through 07/03/2013, the patient reported she was having overall improvement in her response to treatment which included chiropractic care, medications, activity modification and a self-directed therapy regimen including yoga and pilates. The physician was inquiring about the retrospective purchase of Theramine #90 with a date of service as 05/21/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective purchase of Theramine #90 date of service 5/21/2013: Upheld**

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

**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:** California MTUS/ACOEM Guidelines do not address the use of Theramine. Therefore, Official Disability Guidelines has been referred to in this case. According to Official Disability Guidelines, this medical food is not recommended, as there is no high quality peer reviewed literature that suggests that GABA is indicated. GABA is gamma aminobutyric acid and although the patient has been diagnosed as having chronic low back pain issues, the Official Disability Guidelines further state that there is no known medical need for a Coleen supplementation, and this medication is not indicated in any current references for pain or inflammation. Furthermore, Official Disability Guidelines state that until there are higher quality studies of the ingredients in Theramine, it remains not recommended.