

Case Number:	CM13-0033105		
Date Assigned:	12/13/2013	Date of Injury:	10/16/2007
Decision Date:	10/27/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	10/09/2013

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 Occupational Medicine, 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:

There were 49 pages provided for this review. There was a cervical herniated nucleus pulposus with a right carpal tunnel syndrome and left shoulder impingement. The listed date of injury was October 16, 2007. The patient continues to use braces. She does not want surgery. She has continued pain in both wrists and hands. H-wave irritates the skin. There is a cervical spine positive Spurling sign, positive spasm, positive tenderness to palpation and positive compression. The request is for the medical food, Theramine.

IMR ISSUES, DECISIONS AND RATIONALES

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

THERAMINE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The ODG notes under Medical Foods that the substance is not recommended. It notes that Theramine is a medical food that is intended for use in the management of pain syndromes that include acute pain, chronic pain, fibromyalgia, neuropathic

pain, and inflammatory pain. Guidelines also note that there is no indication for the use of this product. Until there are higher quality studies of the ingredients in Theramine, it remains not recommended for this patient. As such, the request is not medically necessary.