

Case Number:	CM13-0033999		
Date Assigned:	12/06/2013	Date of Injury:	01/04/2010
Decision Date:	02/27/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	10/11/2013

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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain, shoulder pain, cervical radiculopathy, and brachial plexopathy reportedly associated with an industrial injury of January 4, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; attorney representation; transfer of care to and from various providers in various specialties; and the apparent imposition of permanent work restrictions. It does not appear that the applicant has returned to work with said permanent limitations in place. In a utilization review report of September 12, 2013, the claims administrator denied a request for Theramine, a medical food. The applicant's attorney later appealed. Later documentation on file suggests that the applicant is filling for [REDACTED] disability. Later progress notes of December 4, 2013 and November 5, 2013 are notable for comments that the applicant has multifocal neck pain complaints radiating to the right arm. The applicant is permanent and stationary. He is considering a spinal cord stimulator. He is on a variety of medications and medical foods, including Lyrica, Theramine, Cymbalta, Relafen and Duragesic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Theramine 101 5mg cap #360: 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 Theramine

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

Decision rationale: As noted in the Official Disability Guidelines' Chronic Pain chapter Theramine topic, Theramine is "not recommended" in the management of acute pain, chronic pain, neuropathic pain, fibromyalgia, inflammatory pain, etc. In this case, the attending provider has not offered any applicant-specific rationale so as to try and offset the unfavorable guideline recommendation. It is further noted that the applicant's failure to return to any form of work and continued reliance on multiple medications indicate that ongoing use of Theramine has been unsuccessful and has failed to effect any lasting benefit or functional improvement. For all these reasons, then, the request is not medically necessary and appropriate.