

Case Number:	CM13-0034028		
Date Assigned:	12/06/2013	Date of Injury:	04/09/2003
Decision Date:	04/04/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/11/2013

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 Internal 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:

The patient is a 46 year old female with a date of injury on 04/09/2003 and complains of low back pain with radiation to the right buttock. Her current regimen includes fairly high doses of long acting opiates (Oxycontin) and the use of anti-epileptic drug (Topiramate). She also has comorbid depression which she is taking Effexor for. The notes mention that spinal cord stimulator is suggested and awaiting approval. The record indicates failure of standard physical therapy, aqua therapy, and interventional injections. The request is retrospective for Theramine dispensed on 09/04/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

THERAMINE DISPENSED ON 9/4/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 121-122.

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

Decision rationale: The documents provided state the patient has had chronic back pain and failed both conservative care and interventional care. Current plan is for a spinal cord stimulator

but this needs approval and the patient is recommended to lose considerable weight. Theramine was prescribed as adjunctive to her regimen as a trial. The MTUS guidelines do not state anything on medical foods. Official Disability Guidelines state that Theramine is not indicated for treatment of chronic pain syndromes as the evidence is lacking for efficacy. Therefore, the Theramine is not medically necessary and there is no use for this medical food in chronic pain treatment according to the guidelines.