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| <b>Case Number:</b>   | CM13-0034038 |                              |            |
| <b>Date Assigned:</b> | 12/20/2013   | <b>Date of Injury:</b>       | 04/18/2000 |
| <b>Decision Date:</b> | 04/30/2014   | <b>UR Denial Date:</b>       | 09/30/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 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 Physical Medicine & Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine and is licensed to practice in Texas. 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:

This is a 68-year-old male patient with a date of injury 04/18/2000. The mechanism of injury was injury involving right shoulder, lumbar spine, and right lower extremity. The patient has a surgical history that includes a right shoulder and right knee scope, left knee replacement in 2011, and left knee manipulation in 2011. Range of motion for the knees was right flexion to 95 degrees and left to 85 degrees, extension right to 180 degrees and left to 180 degrees. There was not a flexion contracture, varus was normal, valgus was normal, and muscle strength was normal. Test strength for the knee joint stability was normal bilaterally.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE THERAMINE:** 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), Chronic Pain.

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

**Decision rationale:** The CA MTUS/ACOEM Guidelines do not address. The Official Disability Guidelines states "Not recommended. Theramine® is a medical food. This medication is not indicated in current references for pain or inflammation. Theramine appeared to be effective in relieving back pain without causing any significant side effects. Until there are higher quality studies of the ingredients in Theramine, it remains not recommended." The request for the retrospective Theramine is non-certified. The patient did present on 05/13/2013 for a physical re-evaluation and it was noted that the patient had ongoing left knee pain and stiffness with loss of range of motion and chronic low back pain. The Official Disability Guidelines do not recommend Theramine. Until there are higher quality studies of the ingredients in Theramine, it is not recommended. The documentation submitted for review did not provide the duration of use, the effectiveness as well as the patient's functional status. As such, the request is non-certified.

**RETROSPECTIVE GABADONE:** Upheld

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

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

**Decision rationale:** The CA MTUS/ACOEM Guidelines do not address. The Official Disability Guidelines state "Not recommended. GABA done is a medical food. It is intended to meet the nutritional requirements for inducing sleep, promoting restorative sleep and reducing snoring in patients who are experiencing anxiety related to sleep disorders." The request for retrospective Gabadone is non-certified. Although the patient presented with left knee pain and chronic low back pain symptoms, the Official Disability Guidelines do not recommend Gabadone as it is intended to meet the nutritional requirements for inducing and promoting sleep. The documentation provided for review did not indicate any sleep disorders and given that the medication is not recommended by guidelines, the request is non-certified.