

Case Number:	CM13-0039837		
Date Assigned:	12/20/2013	Date of Injury:	03/11/2008
Decision Date:	02/25/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/28/2013

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 Anesthesiology and is licensed to practice in Florida. 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 51-year-old female who reported an injury on 03/11/2008. The patient was noted to have sustained psychiatric and physical symptoms during the course of her employment. Diagnoses include chronic neck pain with underlying degenerative disc disease at C5-6, as well as intermittent radiculopathy; status post left shoulder arthroscopy on 10/03/2011 with residual loss of motion and weakness; left elbow lateral epicondylitis; chronic low back pain; and undifferentiated somatoform disorder as well as major depressive disorder.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation 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 Pain chapter, section on Theramine.

Decision rationale: According to the Official Disability Guidelines, the use of Theramine is not recommended. Theramine is noted to be a medical food containing GABA, choline bitartrate, L-arginine, and L-serine. The Official Disability Guidelines specify that until there are higher

quality studies of the ingredients in Theramine, it remains not recommended. The clinical information submitted for review indicates the patient has chronic pain related to multiple diagnoses. However, the Official Disability Guidelines specifically states that the use of Theramine is not recommended. Therefore, the request for Theramine is not medically necessary and appropriate.

Probiotics #60 2 refills.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Pain - Medical Food.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain chapter, section on Medical Food.

Decision rationale: The clinical information submitted failed to provide details regarding the request for probiotics for the patient. Therefore, it is unknown what the indications the patient has which require the use of probiotics not in the form of food products. Additionally, probiotics are not listed under medical food in the Official Disability Guidelines; therefore, its use is not supported. As such, the request for Probiotics is not medically necessary and appropriate.

Fasting labs (GI profile and VITD).: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on NSAIDS Page(s): 70.

Decision rationale: According to the clinical information submitted, the patient developed gastroesophageal reflux disease secondary to her use of NSAID medications. The MTUS Chronic Pain Guidelines recommend periodic lab monitoring of a complete blood count and chemistry profile for patients taking NSAID medications. However, it is unknown what specific labs are being requested as part of the stated GI profile. Additionally, there is no recommendation for vitamin D test for patients taking NSAID medications. For these reasons, the request is not medically necessary and appropriate.

Urine Toxicology Screen.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Opioids. Page(s): 78.

Decision rationale: According to the MTUS Chronic Pain Guidelines, the use of urine drug tests may be recommended with documentation of abuse, addiction, or poor pain control. The clinical information submitted for review does not indicate that the patient is currently taking opioid medications or that there have been issues of abuse, addiction, or poor pain control. Therefore, the request for urine drug testing is not medically necessary and appropriate.