

<b>Case Number:</b>	CM13-0040983		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	02/01/2008
<b>Decision Date:</b>	03/06/2014	<b>UR Denial Date:</b>	10/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 has filed a claim for chronic shoulder, eye and low back pain associated with an industrial assault injury of February 1, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; psychotropic medications; sleep aide; unspecified amounts of physical therapy; medical foods; medial branch block; and sacroiliac joint blocks. It does not appear that the applicant has returned to work. An earlier note of July 10, 2013 is notable for comments that the applicant is off of work, on total temporary disability. The applicant is reporting ongoing issues with insomnia despite usage of multiple opioids and non-opioid analgesics. Several medications are refilled while the applicant is kept off of work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Theramine 1-3 times per day as needed #270:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Physicians.

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

**Decision rationale:** The MTUS does not address the topic. As noted in the ODG Chronic Pain Chapter Theramine topic, Theramine, a medical food, is not recommended in the treatment of inflammatory pain, neuropathic pain, chronic pain syndrome, acute pain, and/or fibromyalgia. In this case, the attending provider has not proffered any applicant specific rationale so as to try and offset the unfavorable guideline recommendation. Accordingly, the request is not certified.