

Case Number:	CM13-0044384		
Date Assigned:	12/27/2013	Date of Injury:	08/21/2002
Decision Date:	05/02/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	10/29/2013

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 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 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 represented [REDACTED] employee who has filed a claim for chronic low back pain and chronic pain syndrome reportedly associated with an industrial injury of August 21, 2002. Thus far, the patient has been treated with the following: Analgesic medications; nutritional supplements/alternative treatments; attorney representations; prior lumbar laminectomy surgery; subsequent spinal cord stimulator trial; and adjuvant medications, including Neurontin. In a Utilization Review Report of October 22, 2013, the claims administrator denied a request for Theramine, a dietary supplement. The patient's attorney subsequently appealed. A handwritten progress note of October 22, 2013 is seemingly notable for comments that the attending provider participated in a teleconference with a utilization reviewer. The attending provider wrote that he intended to employ Theramine to potentiate the effects of Neurontin and try and ameliorate the applicant's chronic low back pain issues. In a medical-legal evaluation of August 2, 2013, the patient was described as using a variety of medications, including Avapro, hydrochlorothiazide, Coreg, Norvasc, Zocor, Levoxyl, Flexeril, Ultracet, Prilosec, Neurontin, Voltaren, Norco, and Theramine.

IMR ISSUES, DECISIONS AND RATIONALES

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

A RETROSPECTIVE REQUEST FOR THERAMINE WITH A DATE OF SERVICE OF 9/24/2013: 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Third Edition, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG

Decision rationale: The MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines on chronic pain, complementary treatments, alternative treatments, and/or dietary supplements such as Theramine are "not recommended" in the treatment of chronic pain as they have not been shown to produce any meaningful benefits or functional improvement. In this case, the attending provider has not proffered any applicant-specific rationale, narrative, or commentary along with the request for authorization so as to try and offset the unfavorable ACOEM recommendation. Therefore, the request remains not certified, on Independent Medical Review.