

Case Number:	CM13-0047469		
Date Assigned:	04/25/2014	Date of Injury:	01/12/2010
Decision Date:	07/07/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/03/2013

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 and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 54 year old female with a reported date of injury on 01/12/2010. The injured worker complained of pain in the right hip, low back, right shoulder and right forearm. According to the clinical note dated 10/04/2013 an EMG performed on 06/12/2013, revealed evidence of a chronic C6-C7 radiculopathy and bilateral carpal tunnel syndrome. The injured worker's diagnoses included cervical stenosis at C5-C6, C6-C7 and C4-C5, shoulder impingement, myofascial neck pain disorder, hypertension, and personality disorder. The injured worker's medication regimen included Metoprolol 50 mg once a day, baby aspirin and HCTZ. The request for authorization was submitted on 11/03/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

THERAMINE ONE (1) TO TWO (2) TABLETS FOUR TIMES A DAY (Q.I.D.) #90 TABLETS: Upheld

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

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

Decision rationale: The Official Disability Guidelines do not recommend Theramine. Theramine is a medical food and contains choline Bitartrate, L-arginine, L-histidine HCL, L-glutamine, L-serine, GABA, Griffonia Seed (95% 5HTP), Whey Protein Hydrolysate, Grape Seed Extract (85% Polyphenols), Cinnamon, and Cocoa Extract (6% Theobromine). There is a lack of documentation provided as to the therapeutic effect the injured worker has received regarding the utilization of Theramine. The guidelines stated that Theramine appeared to be effective in relieving back pain without causing any significant side effects, but until there are higher quality studies of the ingredients in Theramine, it remains not recommended. Therefore, the request for theramine one (1) to two (2) tablets four times a day (q.i.d.) #90 tablets is not medically necessary.

TEROCIN 240ML TO BE APPLIED FOUR (4) TIMES DAILY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: Terocin contains lidocaine and menthol. According to the CA MTUS Guidelines lidocaine in the form of a dermal patch called Lidoderm, is the only formulation approved for use. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. There is a lack of documentation regarding the injured worker's increased functional ability related to the utilization of Terocin. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for terocin 240ml to be applied four (4) times daily is not medically necessary.

ELECTROMYOGRAPHY (EMG) OF RIGHT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The ACOEM Guidelines state that findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG) may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms. According to the documentation provided, the EMG performed on 06/12/2013, revealed evidence of a chronic C6-C7 radiculopathy and bilateral carpal tunnel syndrome. The information provided for review lacks documentation of change in symptoms or decrease in function. The rationale for a repeat EMG is unclear. Therefore, the request for electromyography (emg) of right upper extremity is not medically necessary.

