

<b>Case Number:</b>	CM13-0048480		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/07/2007
<b>Decision Date:</b>	05/29/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2013

### 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, has a subspecialty in Pain Management and is licensed to practice in Mississippi. 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 claimant is documented as having sustained an injury on May 12, 2006 and July 26, 2006. The PR-2 form, dated May 24, 2013, indicates that the claimant returns with complaints of low back pain secondary to lifting, bending, and stooping. The physical exam documents tenderness to palpation of the paravertebral muscles, the lumbar spine, lumbosacral junction, and hamstring musculature. Straight leg raise test is negative. Range of motion of the lumbar spine is documented as diminished. Diagnoses include lumbar sprain/strain, shoulder sprain, elbow (illegible), wrist (illegible), and (illegible). The treatment plan recommends dendracin, HEP, and EMS. The utilization review, dated November 4, 2013, documents that a retrospective review for 90 units of Theramine was not approved. The reviewer indicates that Theramine is a medical food and that the use of medical foods is not supported by the MTUS guidelines. There is no clinical documentation provided of a prescription for Theramine, a clinical indication for Theramine, or the invoice that the reviewer references.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE REQUEST (DOS 6/12/13) FOR THERAMINE #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 47-49.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Clinical Measures: Complimentary, Alternative Treatments Or Dietary Supplements..

**Decision rationale:** Regarding the request for Theramine, California MTUS does not contain criteria for the use of medical foods. ACOEM and ODG states Theramine is not recommended. It is intended for use in the management of pain syndromes that include acute pain, chronic pain, fibromyalgia, neuropathic pain, and inflammatory pain. Until there are higher quality studies of the ingredients in Theramine, it remains not recommended. As such, the currently requested Theramine is not medically necessary and appropriate.