

Case Number:	CM13-0049735		
Date Assigned:	12/27/2013	Date of Injury:	11/29/2010
Decision Date:	06/27/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/08/2013

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 Internal Medicine, and is licensed to practice in New York. 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 a 52 year old female who sustained an industrial injury on 11/29/2010. Her diagnosis is chronic right shoulder pain. She continues to complain of right shoulder pain. On exam there is decreased range of motion of the shoulder with flexion and abduction in the 100-130 degree range with 4/5 strength. Per her treating provider she is a candidate for a reverse total shoulder arthroplasty. Treatment includes medical therapy with Tramadol, Theramine, and Terocin. The treating provider has requested Theramine.

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: There is no documentation provided for review necessitating use of the requested topical medication, Theramine. Per the MTUS Chronic Pain Guidelines, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS Chronic Pain Guidelines indicate any compounded product

that contains at least one drug (or drug class) that is not recommended is not recommended. In this case the requested compound Theramine is a formulation which includes neurotransmitter precursors (L- arginine, L-glutamine, L-histidine, choline bitartrate, 5-hydroxytryptophan), neurotransmitters (Gamma-aminobutyric acid),and anti-inflammatory and immunomodulatory peptides. Per the MTUS Chronic Pain Guidelines GABA, Choline, and L-Arginine are not supported. Medical necessity for the requested treatment has not been established. The requested treatment is not medically necessary.