

Case Number:	CM13-0050487		
Date Assigned:	12/27/2013	Date of Injury:	11/04/2011
Decision Date:	03/19/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/13/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 patient is a 55-year-old female who reported an injury on 11/04/2011. The mechanism of injury was noted to be the patient was cleaning a residence, was coming downstairs carrying a vacuum cleaner and she misstepped and twisted her ankle, falling on her knees. The patient had tenderness, spasms, and guarding with direct palpation of the paracervical muscles, trapezius muscles, and the medial scapular border. The patient had pain to palpation along the peroneal tendon as it traversed and inferior to the lateral malleolus. The patient's diagnoses were noted to include right knee pain, right medial collateral ligament sprain, intermittent left ankle pain, and cervicalgia. The request was made for 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 Pain Chapter, Theramine

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, Theramine.

Decision rationale: Official Disability Guidelines indicate that Theramine is not recommended as it contains gamma-aminobutyric acid (GABA) and Choline bitartrate, L-arginine, and L-serine. It is intended for use in the management of pain syndromes including acute pain, chronic pain, fibromyalgia, neuropathic pain, and inflammatory pain. There is no high quality peer reviewed literature that suggests that GABA is indicated, and for Choline, there is no known medical need for Choline supplementation. For L-arginine, this medication is not indicated in current references for pain or inflammation, and for L-serine, there is no indication for the use of this product. The clinical documentation submitted for review failed to indicate exceptional factors to warrant non-adherence to Guideline recommendations. There was a lack of documentation indicating the quantity of Theramine being requested. Given the above, the request for Theramine is not medically necessary.