

Case Number:	CM13-0050875		
Date Assigned:	12/27/2013	Date of Injury:	10/11/2011
Decision Date:	03/11/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/14/2013

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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of October 11, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; prior knee arthroscopy; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report of October 23, 2013, the claims administrator denied a request for Theramine, citing non-MTUS ODG Guidelines. The applicant's attorney subsequently appealed. An earlier clinical progress note of August 23, 2013 is notable for comments that the applicant reports chronic knee pain issues. Additional physical therapy, Ultracet, and Theramine are endorsed while the applicant remains off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Theramine #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary (updated 10/14/2013).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 3rd Edition, Chronic Pain, General Principles of Treatment.

Decision rationale: The ACOEM Guidelines indicate that alternative treatments, complementary treatments, and dietary supplements are not recommended in the treatment of chronic pain as they have not been shown to produce any meaningful benefits or improvement in functional outcomes. Therefore, the request for Theramine is not certified owing to the unfavorable guideline recommendation.