

<b>Case Number:</b>	CM13-0052487		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/05/2001
<b>Decision Date:</b>	03/11/2014	<b>UR Denial Date:</b>	11/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/15/2013

### 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 Interventional Spine 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 patient is a 65 year old female with date of injury 09/05/01. The listed diagnoses per [REDACTED] dated 10/30/13 are: 1. Lumbago with right leg radiculopathy 2. Cervicalgia 3. Right carpal tunnel syndrome According to progress report dated 10/30/13 by [REDACTED], the patient's neck pain and low back, as well as right carpal tunnel symptoms, have remarkably improved with chiropractic treatment. Objective findings show no pain through the paracervical muscles with palpation. There is some tenderness and spasm in the trapezial muscles. Well-healed incision at the palmar aspect of the right wrist. No thenar or hypothenar atrophy, equivocal Tinel's and very positive Durkan's, positive for Phalen's. There is decreased sensation to touch at the tip of index finger. The patient is not able to touch within six inches of the floor with back flexion of the lumbar spine. Rotation and lateral bending is normal. Motor examination of the lumbar spine is normal. Straight leg raise elicits leg discomfort. There is paraspinous muscle spasms and tenderness. Babinski reflexes are downgoing. The treater is requesting Theramine #90 with 2 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**request for Theramine 1 BID #90, Refill x 2:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** This patient presents with chronic back pain with right leg radiculopathy, neck pain and right hand pain. The treater is requesting Theramine to aid in the nutritional management of pain. MTUS and ACOEM are silent regarding this product. However, ODG guidelines state that Theramine is a proprietary medication of Physician Therapeutics based in Los Angeles, CA. Its intended use is in the management of pain syndromes including acute pain, chronic pain, fibromyalgia, neuropathic pain and inflammatory pain. ODG further states for each ingredient; "There is no high quality peer-reviewed literature that suggests that GABA is indicated"; for Choline, "There is no known medical need for Choline supplementation"; L-Arginine, "This medication is not indicated in current references for pain or inflammation"; & L-Serine, "There is no indication for the use of this product." It does not appear that there is any guideline's support for this product in management of chronic pain. Recommendation is for denial.