

Case Number:	CM13-0052677		
Date Assigned:	12/30/2013	Date of Injury:	05/08/2009
Decision Date:	05/02/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	11/15/2013

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 Anesthesiology, Pain Management and is licensed to practice in Florida. 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 patient is a 37-year-old female who reported an injury on 08/24/2009. The mechanism of injury was not provided. The documentation of 08/21/2013 revealed the patient had right elbow pain and moderate low back pain. The patient had tenderness to palpation over the right elbow and a positive Tinel's sign. The assessment included right elbow cubital tunnel and medial epicondylitis. The submitted request was for Theramine

IMR ISSUES, DECISIONS AND RATIONALES

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

THERAMINE, TWICE DAILY TO REDUCE PAIN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES TREATMENT IN WORKER'S COMPENSATION, 18TH EDITION, 2013, PAIN CHAPTER

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 do not recommend Theramine. There was the lack of a PR-2 submitted for review requesting Theramine. Additionally, the request as submitted

failed to indicate a quantity as well as strength of the medication. Given the above, the request for Theramine, twice daily to reduce pain is not medically necessary.