

Case Number:	CM13-0053012		
Date Assigned:	12/30/2013	Date of Injury:	06/21/2010
Decision Date:	03/10/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/18/2013

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 Pain Management, has a subspecialty in Disability Evaluation 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:

This patient is a 53 year old male who suffered a workplace injury to his low back on 06/21/10. The patient reportedly bent over to work on a computer and felt a sharp pain in his lower back. The patient presented for follow up on 8/26/13 with complaints of low back pain with pain radiation down to both legs along the medial aspects of the thighs. Both physical exam notes from 6/7/13 and 8/26/13 state "there is no new change vs. before" however, the next most recent notes are from 2007. An MRI of the lumbar spine on 11/23/10 notes a 2 mm disc protrusion abutting the right L3 nerve, a 1-2 mm central disc bulge that minimally encroaches the thecal sac at L 1-2, a 2 mm annular disc bulge mildly encroaching on the thecal sac at L4-5 suggestive of an annular tear, and mild degenerative disc disease with a 1 mm bulge at L5-S1. An EMG on 8/1/12 noted a L5 radiculopathy. At issue for lack of medical necessity is the Retrospective request for Theramine for the low back with date of service of 8/26/2013-8/27/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy: 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), Chronic Pain Chapter, Medical Foods, Thramine.

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: With respect to Pharmacy (Medical Food -Theramine), it is a proprietary blend of gamma-aminobutyric acid [GABA] and choline bitartrate, L-arginine, and L-serine. This product is not supported for chronic pain management by ODG guidelines. CA-MTUS is mute about this medical food. According to US FDA, Medical Food is "a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. The ODG guidelines states that there is no high quality peer-reviewed literature that suggests that GABA is indicated and there is no known medical need for choline supplementation. Therefore the request for Theramine is not medically necessary.