

Case Number:	CM13-0054629		
Date Assigned:	12/30/2013	Date of Injury:	03/09/2011
Decision Date:	03/21/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	11/19/2013

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 & Rehabilitation and is licensed to practice in Illinois. 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 50-year-old female who reported an injury on 03/09/2012. The mechanism of injury was not specifically stated. The patient is diagnosed with lumbago and left leg sciatica. The patient was seen by [REDACTED] on 10/25/2013. The patient reported ongoing back and left leg pain. Physical examination revealed decreased lumbar range of motion, tenderness to palpation, and positive straight leg raising on the left. Treatment recommendations included 12 sessions of physical therapy for the lumbar spine and continuation of current medication, including naproxen and Theramine.

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 Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Theramine. Decision based on Non-MTUS Citation ODG

Decision rationale: Official Disability Guidelines state Theramine is not recommended. It is intended for use in the management of pain syndromes that include acute pain, chronic pain, fibromyalgia, neuropathic pain, and inflammatory pain. As per the documentation submitted, the

patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. Satisfactory response to treatment has not been indicated. Therefore, the current request cannot be determined as medically appropriate. As such, the request is non-certified.