

<b>Case Number:</b>	CM13-0055898		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/23/2002
<b>Decision Date:</b>	06/04/2014	<b>UR Denial Date:</b>	11/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2013

### 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 Orthopedic Surgery, has a subspecialty in Spine Surgery and is licensed to practice in Texas. 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 injured worker is a 61 year old female injured on 04/23/12 when she developed left upper extremity symptoms, elbow tendinitis, and progression of hand symptoms due to repetitive motion. The patient underwent left carpal tunnel release in 2006. The patient continued to experience upper extremities symptoms post-operatively and received cortisone injections at least three times a year, physical therapy, and medication management. The patient was treated with naproxen, tramadol, and Theramine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **A RETROSPECTIVE REQUEST FOR THERAMINE FOR THE LEFT WRIST AND RIGHT ELBOW WITH A DATE OF SERVICE OF 10/08/2012: 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), Pain Chapter, Theramine Section.

**Decision rationale:** As noted in the Pain Chapter of the Official Disability Guidelines, Theramine® is not recommended for use in chronic pain management. Theramine® is a

medical food that is a proprietary blend of gamma-aminobutyric acid [GABA] and choline bitartrate, L-arginine, and L-serine. It is intended for use in the management of pain syndromes that include acute pain, chronic pain, fibromyalgia, neuropathic pain, and inflammatory pain. There are no high quality studies that support the use of Theramine. Additionally, the use of herbal medicines or medical foods is not recommended. There is no indication in the documentation that the patient has failed previous prescription medications or has obvious contraindications limiting prescribing to medical foods. As such, the request for nutraceutical medication Theramine for the left wrist and right elbow cannot be recommended as medically necessary.