

<b>Case Number:</b>	CM13-0060018		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	12/03/1999
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	11/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 Family Practice, 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 64-year-old female who reported an injury on 12/03/1999. The mechanism of injury was not submitted. The injured worker was diagnosed with cervical radiculitis, lumbar radiculitis, tendonitis of the left shoulder, major depression, pain disorder associated with both psychological factors and a general medication condition and psychological factors affecting medical condition. The progress report dated 07/15/2013 stated the injured worker was stable on current medication, was recommended a continuation of the medication and re-evaluation in 6 to 8 weeks. The injured worker was being treated with Valium 10 mg and Ambien 10 mg. The progress report dated 08/20/2013 stated the injured worker was seen for re-evaluation and was given topical cream for the pain to the neck, low back, and left shoulder. The injured worker was being treated with Terocin cream. A request was made for Theramine for the bilateral upper extremities, cervical spine, lumbar spine and bilateral knees.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE THERAMINE FOR THE BILATERAL UPPER EXTREMITIES, CERVICAL SPINE, LUMBAR SPINE AND BOTH KNEES:** 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) Chapter - Pain.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG); MEDICAL FOOD, THERAMINE.

**Decision rationale:** The California MTUS/ACOEM guideline does not address the request. The Official Disability Guidelines state that Theramine is not recommended. The guidelines also state that Theramine (gamma-amino butyric acid (GABA)) is a supplement indicated for epilepsy, spasticity and tardive dyskinesia. The clinical documentation did not show evidence of the patient having epilepsy, spasticity, or dyskinesia. The documentation also did not show that the patient was using Theramine. Given there is not enough documentation to support guideline criteria, the request is not medically necessary.