

Case Number:	CM13-0061246		
Date Assigned:	12/30/2013	Date of Injury:	03/30/2011
Decision Date:	05/09/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/04/2013

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 Medicine 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 injured worker is a 59-year-old male who reported an injury on 03/30/2011. The mechanism of injury was not provided. The clinical documentation indicated the injured worker had been taking Theramine since early 2013. The documentation of 10/15/2013 revealed the injured worker had ongoing problems with chronic lower and right lower back pain. The diagnosis included lumbago, spondylolisthesis, and sciatica, lumbosacral neuritis NOS, and joint pain unspecified. It was indicted the injured worker suffered from ongoing severe chronic pain and the physician opined that the injured worker was appropriate to be treated with Theramine.

IMR ISSUES, DECISIONS AND RATIONALES

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

THERAMINE #90 (RETROSPECTIVE): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter, Medical Food

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 for the treatment of chronic pain. It further indicates there is no high quality peer-reviewed literature that suggests GABA is indicated and there is no known medical need for a choline supplementation. Regarding L-arginine, this medication is not indicated in current references for pain or inflammation and for L-Serine there is no indication for the use of this product. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since 04/2013. There was lack of documentation of objective decrease in pain and an objective increase in function. The request as submitted failed to indicate the frequency for the medication, as well as the strength. Given the above, the request for Theramine #90 retrospective is not medically necessary.