

<b>Case Number:</b>	CM13-0070138		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	06/26/2012
<b>Decision Date:</b>	06/05/2014	<b>UR Denial Date:</b>	12/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2013

### 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 Internal Medicine 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 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 42 year old male with reported date of injury on 06/26/2012; the mechanism of injury was an occurrence that happened while the injured worker was digging with a pick axe and hit a cast iron pipe while working. The axe caused a jolt to his left upper extremity with extreme force with an immediate onset of sharp pain in his left wrist. The injured worker continued to experience sharp pain accompanied by numbness in his left elbow, hand and wrist. The injured worker was seen in an emergency room in July and was prescribed medication and referred to an orthopedic specialist. The injured worker had cubital tunnel release surgery and several months of post-operative physical therapy. Clinical documentation does not reveal notes of such surgeries or therapy. The injured worker continued to complain of pain and discomfort in his left wrist, hand and elbow. The injured worker reports frequent left elbow pain which is located over the lateral aspect of the elbow. The injured worker indicated that the pain was sharp, burning, numbness and tingling. The injured worker reported left wrist pain 9/10 and at worst 10/10, left hand pain is 9/10 and at worst 10/10. Pain is relieved by rest, sleep, heat, cold, exercise, medication, TENS, and therapy support. The injured worker stated pain was aggravated by numerous physical activities. The injured worker had a well-healed scar on the left elbow and positive Tinels at the ulnar nerve of the left elbow. The left wrist range of motion was flexion 50 degrees, extension was 40 degrees, radial deviation was 20 degrees, and ulnar deviation was 30 degrees. The injured worker also had a positive Phalen's test and positive Tinels over the ulnar nerve of the left wrist. The injured worker had a diagnosis of status post left cubital tunnel release surgery, left elbow sprain, and left carpal tunnel syndrome. The injured worker was given Percocet, Terocin, Flurbi (NAP) cream, Gabacyclotram, Genicin, and Somnici, The request for authorization was submitted on 06/19/2013.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **THERAMINE, QUANTITY 60:** 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), Compound Medications.

**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, Medical Foods, Theramine.

**Decision rationale:** The request for Theramine, Quantity 60 is non-certified. The injured worker had cubital tunnel release surgery and several months of post-operative physical therapy. The injured worker continues to complain to have pain and discomfort in his left wrist, hand and elbow. The Official Disability Guidelines state Theramine is a medical food from 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. Guidelines also state there is no high quality peer-reviewed literature that suggests that GABA is indicated and there is no known medical need for choline supplementation. Official Disability Guidelines also states that L-Arginine is not indicated in current references for pain or inflammation and L-Serine is not indication for the use of this product. There is no clinical documentation to support the use of this medication as the injured worker does not have evidence of a dietary insufficiency. Therefore, the request for Theramine, quantity 60 is not medically necessary.