

<b>Case Number:</b>	CM13-0072510		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	05/27/2011
<b>Decision Date:</b>	04/07/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### 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 Emergency Medicine, and is licensed to practice in New York and Tennessee. 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 69-year-old male who was injured on May 27, 2011. On that date the patient was walking down the stairs when his left knee gave a popping sensation and gave away. The patient continued to experience right shoulder pain, low back pain, and left knee pain. Diagnoses included right shoulder impingement syndrome, right shoulder labral tear, right shoulder rotator cuff syndrome, lumbar spondylosis, lumbar sprain/strain, and right knee internal derangement. Treatment included medications. Request for authorization for prescription of Theramine tablets # 90 was submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PRESCRIPTION OF 90 TABLETS OF THERAMINE (2 BOTTLES): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines-Treatment for Workers' Compensation (TWC), Online Edition, Chapter Diabetes, Insulin Pump.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Theramine.

**Decision rationale:** Theramine is not recommended. 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 is no high quality peer-reviewed literature that suggests that GABA is indicated. There is no known medical need for choline supplementation. L-Arginine is not indicated in current references for pain or inflammation. There is no indication for the use of L-Serine. The request is not authorized.