

Case Number:	CM14-0000134		
Date Assigned:	01/08/2014	Date of Injury:	04/06/2006
Decision Date:	06/02/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/31/2013

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 and 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 48 year old male that injured his back from a slip and fall on 04/06/2006. The clinical note dated 11/26/2013 reported the injured worker was denied his L-ESI and he "was not doing well at all". The injured worker further reported the pain has been worse and could not sleep. The clinical note listed the prescribed medications as Butrans Patches, Soma 350mg, and Tramadol 50mg. The physical exam reported normal range of motion in the lower back and no palpation tenderness along the spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

THERAMINE: 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, Medical Food.

Decision rationale: The request for Theramine is non-certified. The Official Disability Guidelines (ODG) recommend Theramine to supplement for a nutritional deficiency and supervised by the primary care physician for efficacy. The injured worker did not have a

documented nutritional deficiency. Furthermore, the submitted documentation was lacking a dietary assessment to validate the need for Theramine. The request also does not include the dose and quantity of the proposed medication. Hence, the request is not medically necessary or appropriate.