

Case Number:	CM14-0003570		
Date Assigned:	04/04/2014	Date of Injury:	08/07/2012
Decision Date:	06/30/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/09/2014

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, has a subspecialty in 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 31 year old female who reported a repetitive use injury to the right arm and shoulder on 08/07/2012. The clinical note dated 11/21/2013 the injured worker reported neck pain radiating to the upper extremities rated 7/10. The physical exam reported decreased cervical range of motion with spasms. Diagnoses include neck sprain, brachial neuritis or radiculitis, right shoulder derangement, right wrist internal derangement, bilateral internal derangement, unspecified disorder of the autonomic neuropathy, and idiopathic autonomic neuropathy. The request for authorization was provided with in the submitted documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

THERAMINE #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 125.

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 Official Disability Guidelines recommended medical foods indicated as "a food which is formulated to be consumed or administered enterally under the supervision of a

physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation." The injured worker did not have a documented circumstance that would indicate the need for Theramine. Thus, the request is not medically necessary and appropriate.