

<b>Case Number:</b>	CM14-0006349		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	03/27/2003
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	12/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2014

### 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 Physical Medicine & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 55-year-old male who reported an injury on 03/27/2003. The mechanism of injury was not provided in the clinical documentation submitted. The clinical note dated 11/27/2013, reported the claimant complained of increased neck pain and stiffness to the neck. The claimant reported hearing a pop when moving his neck and indicated he felt a knot on the left side of the neck. Norco 10/325 mg 8 per day for pain was prescribed; the claimant reported adequate relief of pain with the medication. Upon examination, the provider indicated there was tenderness to palpation of the left low neck. The provider noted the cervical spine testing shows slightly decreased range of motion and flexion, extension, lateral flexion and rotation. The claimant has diagnoses of left hand injury status post 7 surgeries in the left 3rd and 4th digits, chronic left hand pain due to the first diagnosis, neck pain due to referring pain from the left upper extremity, depression due to left hand pain and disability. The provider requested Theramine. The Request for Authorization was not provided in the clinical documentation submitted.

### 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) Pain, Medical Foods.

**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 Foods.

**Decision rationale:** The Official Disability Guidelines (ODG) does not recommend the use of Theramine. The (ODG) Guidelines note Theramine is intended for the use of management of pain syndromes that include acute pain, chronic pain, fibromyalgia, neuropathic pain and inflammatory pain. The Guidelines note there is no indication for the use of this medication. In this case, there was a lack of objective findings indicating that the employee is diagnosed with fibromyalgia, neuropathic pain, inflammatory pain and chronic pain. Additionally, the ODG Guidelines do not recommend the use of Theramine. Therefore, the request for Theramine is not medically necessary and appropriate.