

Case Number:	CM14-0104446		
Date Assigned:	07/30/2014	Date of Injury:	06/11/2013
Decision Date:	09/29/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/07/2014

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 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 58-year-old male who reported an injury 06/11/2013. The mechanism of injury was not provided within the medical records. The clinical note dated 06/11/2014 indicated diagnoses of lumbar disc herniation, lumbar disc degeneration, and chronic low back pain and radiculopathy. The injured worker reported continuous cervical, thoracic and bilateral extremity pain. The injured worker reported it radiated from his neck to his left arm to his bilateral legs and described as aching, stabbing numbness. The injured worker walked with a cane. The injured worker was in no acute distress. The injured worker's range of motion was limited. The injured worker's treatment plan included counsel about risk of narcotics. The injured worker's prior treatments included diagnostic imaging surgery and medication management. The injured worker's medication regimen included methadone. The provider submitted a request for Theramine. A request for authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Theramine (dosage unknown) #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 request for Theramine (dosage unknown) #90 is not medically necessary. The Official Disability Guidelines state medical foods are "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." To be considered the product must be a food for oral or tube feeding; be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; be used under medical supervision. The documentation submitted did not indicate the injured worker was on an oral tube feeding or dietary management of a specific medical disorder, disease or condition for which there were distinctive nutritional requirements. In addition, the provider did not indicate a rationale for the request. Moreover, the request does not indicate a dosage or frequency. Therefore the request for Theramine (dosage unknown) #90 is not medically necessary.