

Case Number:	CM14-0105917		
Date Assigned:	07/30/2014	Date of Injury:	02/20/2003
Decision Date:	10/08/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/09/2014

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 Neurology, has a subspecialty in Neuromuscular and is licensed to practice in New Jersey. 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 patient is a 45 year old man who sustained a work related injury on February 20 2013. Subsequently, he developed a low back pain. According to a note dated on February 13 2014, the patient was complaining of chronic pain with a severity rated 6/10. The patient was treated with Ambien and Opioids. His physical examination demonstrated lumbar tenderness with mild reduction of range of motion, positive straight leg raising test and reduced sensation in the left L5-S1 dermatome distribution. The provider requested authorization for the following medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Theramine BID or TID for 30 days Dispense #180 (DOS 6/23/14): 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, Theramine

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: < <http://www.nutrientpharmacology.com/PDFs/monographs/theramine-monograph.pdf> >

Decision rationale: Theramine is a medical food used for the management of pain. It is not FDA approved and there is no controlled studies supporting its efficacy and safety. Therefore, the prescription of Theramine is not medically necessary.