

<b>Case Number:</b>	CM14-0107126		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	04/17/2008
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	07/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2014

### 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 Internal 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 64-year-old female who has low back pain. She has had problems with drug dependence and has been treated in a detoxification program. She was seen by her primary treating physician on 4/22/2014. Pain in the back was noted to be 4/10. On examination, findings had not changed from before and included limited range of motion with paraspinal muscular tenderness without spasm. No neurological findings of lower extremities were mentioned. The patient was on Trazodone orally along with Norco 1-2 tablets per day and Tramadol ER once a day. The request is for Theramine. The physician was also contemplating starting Sentra.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medication Theramine, for 30 Days Quantity: 90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Medical Foods

**Decision rationale:** Theramine is a Medical Food developed for management of pain. There is only one small clinical trial that compared it to Naproxen and found it as efficacious as

Naproxen. Until greater high quality evidence is available, the applicable guidelines do not recommend this product over conventional agents including NSAIDs, Acetaminophen and opiates or Anti-Depressants / Anti-Epileptics. As such, the request for Theramine is not recommended.