

Case Number:	CM14-0012296		
Date Assigned:	02/21/2014	Date of Injury:	09/20/2012
Decision Date:	08/07/2014	UR Denial Date:	01/04/2014
Priority:	Standard	Application Received:	01/30/2014

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 Occupational 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:

Patient is a 49-year-old male who has submitted a claim for crushing injury of the toe, fracture of foot, ulcer in the left foot located on the 3rd and 4th interspaces and neuritis/neuralgia associated with an industrial injury date of 9/20/2012. Medical records from 2012-2013 were reviewed which revealed persistent low back pain which radiated to bilateral posterolateral buttocks and hamstrings. Pain was graded 6-8/10. It was aggravated by sitting, standing and walking. Physical examination of the lumbar spine showed tenderness in the paraspinal and lumbosacral region. MMT in all extremities were 5/5. Examination of the left foot showed ulcerations at the dorsal, medial and distal aspects of 4th and 5th toes. Treatment to date has included, debridement of left foot and intake of medications namely; Neurontin and Theramine. The utilization review from 1/2/2014 denied the request for Theramine because clinical information provided does not establish the medical necessity of Theramine.

IMR ISSUES, DECISIONS AND RATIONALES

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

THERAMINC FOR THE LEFT FOOT: 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 Chapter, Medical Food Section.

Decision rationale: The California MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines, Pain Chapter, Medical Food Section was used instead. ODG stated that Theramine, is intended for use in the management of pain syndromes that include acute pain, chronic pain, fibromyalgia, neuropathic pain, and inflammatory pain. There was no higher quality studies of the ingredients of Theramine, and is therefore not recommended. In this case, patient was prescribed Theramine since at least October 2012 for acute pain in his left foot. However, there was no significant improvement noted. In addition, Theramine is not recommended as stated above. There is no discussion concerning the need for variance from the guidelines. Therefore, the request for theramine for the left foot is not medically necessary.