

<b>Case Number:</b>	CM14-0016510		
<b>Date Assigned:</b>	04/11/2014	<b>Date of Injury:</b>	02/15/2010
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 60 year old male injured on 02/15/14 due to cumulative trauma while climbing poles, carrying ladders, and the repetitive nature of work. The injured worker reported eventual development of left shoulder pain, left elbow pain, and low back pain. Diagnoses included lumbar disc syndrome, lumbar spine degenerative disc disease, sciatica, grade 1 spondylolisthesis, bilateral foraminal stenosis, bilateral shoulder sprain/strain, bilateral elbow sprain/strain, and bilateral wrist sprain/strain. The clinical note dated 11/06/13 indicated the injured worker presented complaining of wrist pain rated at 7/10, mid-back pain rated at 9/10, and low back pain rated at 9/10. The injured worker also reported continued teeth grinding. The documentation indicated the injured worker received 3 epidural steroid injections to the lumbar spine; however, response to the epidural steroid injections was not provided. Physical examination revealed 4+ palpable hypertonicity over the paraspinal musculature of the lumbar spine, range of motion limited in all planes, and Kemp's test/lumbar facet test/straight leg raise/Braggart's test positive bilaterally. The document indicated the injured worker utilized Theramine to alleviate pain symptoms. Treatment plan included Theramine, topical cream, and urine toxicology test. The initial request was non-certified on 01/24/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**THERAMINE 2 BOTTLES, 2-3 CAPSULES 3 TIMES PER DAY: 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) CHRONIC PAIN PROCEDURES SUMMARY-THERAMINE

**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), Theramine®

**Decision rationale:** As noted in the Pain Chapter of the Official Disability Guidelines, Theramine is not recommended for use in chronic pain management. Theramine is a medical food that is a proprietary blend of gamma-aminobutyric acid [GABA] and choline bitartrate, L-arginine, and L-serine. It is intended for use in the management of pain syndromes that include acute pain, chronic pain, fibromyalgia, neuropathic pain, and inflammatory pain. There are no high quality studies that support the use of Theramine. The use of herbal medicines or medical foods is not recommended. Additionally, there is no indication the injured worker has failed previous prescription medications or has obvious contraindications that necessitate medical food/herbal use. As such, the request for Theramine 2 bottles, 2-3 capsules 3 times per day cannot be recommended as medically necessary.