

Case Number:	CM14-0117971		
Date Assigned:	08/06/2014	Date of Injury:	10/16/2007
Decision Date:	09/10/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	07/28/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 72-year-old female who reported an injury on 10/06/2007. The mechanism of injury was not provided for review. The injured worker reportedly sustained an injury to her cervical spine. The injured worker's treatment history included medications, chiropractic care, and interbody fusion from C4-7. The injured worker was evaluated on 07/17/2014. It was noted that the injured worker had previously taken Theramine and due to increased pain and weakness in the cervical spine, requested reinitiation of the medication. It was noted that Theramine was helpful in addressing pain and weakness complaints with prior treatment. Physical findings included increased cranial pain and tenderness to palpation to trapezius and rhomboid muscles. The injured worker's diagnoses included cervical herniated disc, right shoulder impingement, and bilateral carpal tunnel syndrome. A Request for Authorization for Theramine was submitted on 07/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Theramine 2 caps per day #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guideline (ODG).

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, Theramine.

Decision rationale: The requested Theramine 2 caplets per day #90 is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the injured worker has previously used this medication with positive benefit. California Medical Treatment Utilization Schedule does not address this medication. Official Disability Guidelines do not recommend the use of Theramine due to a lack of scientific evidence to support the efficacy and safety of longterm use of this medication. The clinical documentation submitted for review does not provide any significant extenuating circumstances to support extending treatment beyond guideline recommendations. Furthermore, it is noted that the injured worker had a break in treatment. The injured worker's treatment during that time was not provided. And therefore, the need to reinitiate this medication would not be indicated. Furthermore, the request as it is submitted does not clearly define a dosage. In the absence of this information the appropriateness of the request itself cannot be determined. As such, the requested Theramine 2 caplets per day #90 is not medically necessary or appropriate.