

<b>Case Number:</b>	CM14-0118075		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	01/22/1996
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 and is licensed to practice in Nevada. 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 63-year-old gentleman who was reportedly injured on January 22, 1996. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated May 15, 2014, indicated that the injured employee's current medications include Omeprazole, Temazepam, Venlafaxine and Theramine. There is no physical examination, report of diagnostic studies or previous treatment mentioned. A request was made for Theramine and was not certified in the pre-authorization process on June 26, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Theramine # 60 dispensed on 5/15/14:** 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, Medical Food, Updated July 10, 2014.

**Decision rationale:** Theramine is a medical food consisting of choline and amino acids. According to the Official Disability Guidelines, choline is only indicated for individuals. The choline insufficiency and amino acids are only indicated for the detoxification of urine. The

attached medical record contains no information regarding the injured employee's mechanism of injury, current complaints, physical examination, diagnosis, previous treatment, or future treatment plans. Without this information and additional justification for the usage of this medication, the request for Theramine # 60 dispensed on 5/15/14 is not medically necessary and appropriate.