

<b>Case Number:</b>	CM14-0123083		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	09/12/2013
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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 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 34-year-old male who reported a backwards fall on 09/12/2013. On 06/30/2014, his diagnoses included cervical sprain/strain, cervical radiculopathy, right shoulder impingement, lumbar sprain/strain, lumbar radiculopathy, lumbar facet syndrome, bilateral sacroiliac joint arthropathy, and history of pancreatitis. His complaints included lumbar spine pain rated 8/10, midback and upper back pain radiating down to the low back and legs to his ankles with associated numbness, and neck pain radiating to both shoulders which was worse on the right side than on the left. On 07/02/2014, his complaints included neck pain and there was a note that stated that he was only to use creams rather than oral medications due to his history of pancreatitis. On that date, his diagnoses included cervicalgia, lumbar sprain rule out radiculopathy, and history of pancreatitis. His treatment plan included a request for Theramine. There was no rationale or request for authorization included in this injured worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Theramine #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 Treatment in Workers' Compensation (ODG-TWC) 18th edition, 2013 updates, Chapter: Pain, TheramineA.

**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.

**Decision rationale:** The Official Disability Guidelines defines medical food as a food which is formulated to be consumed or administered entirely under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principals, are established by medical evaluation. To be considered, the product must, at a minimum, meet the following criteria: the product must be a food for oral or tube feeding; the product must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinct nutritional requirements; the product must be used under medical supervision. Theramine consists of a number of amino acids, Gamma-aminobutyric acid (GABA), wheat protein, grape seed extract, ginkgo biloba, cinnamon, and cocoa. This injured worker does not have any documented disease or condition which would be management by distinctive nutritional requirements. Additionally, there was no frequency of administration included in the request. Therefore, this request for Theramine #90 is not medically necessary and appropriate..