MAXIMUS Federal Services

Case Number:	CM14-0138122		
Date Assigned:	09/05/2014	Date of Injury:	01/21/1997
Decision Date:	10/03/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	08/26/2014

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 records, presented for review, indicate that this 52-year-old male was reportedly injured on 1/21/1997. The mechanism of injury was not listed. The most recent progress note, dated 7/15/2014, indicated that there were ongoing complaints of back pain and spasms. Physical examination demonstrated tenderness and spasm of the lumbar paraspinous muscles at L3-S1, a decreased lumbar range of motion, bilateral SI joint tenderness with positive FABER's sign, decreased sensory in the left lateral leg and right posterior leg and the patient was unable to balance on the left leg. MRI lumbar spine, dated 8/18/2010, showed multilevel disk bulges at L3-L4 and L4-L5. Previous treatment included acupuncture, home exercise, therapy, TENS unit and medications. A request had been made for Theramine #90, which was determined not medically necessary in the utilization review on 8/19/2014.

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 ODG Pain (updated 07/10/2014), Medical food, Theramine

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG -

TWC/ODG Integrated Treatment/Disability Duration Guidelines; Pain (Chronic) - Theramine (updated 09/29/14).

Decision rationale: MTUS/ACOEM does not address medical food. ODG does not support or recommend the use of Theramine. Theramine is a medical food from Physician Therapeutics, Los Angeles, CA, that is a proprietary blend of gamma-aminobutyric acid [GABA] and choline bitartrate, L-arginine and L-serine. Given the lack of clinical data and efficacy, it is considered experimental and not medically necessary.