MAXIMUS Federal Services

Case Number:	CM14-0021765		
Date Assigned:	02/24/2014	Date of Injury:	03/05/2003
Decision Date:	06/26/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/20/2014

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 Anesthesiology, and is licensed to practice in Massachusetts, New Jersey, Connecticutt, and Texas. 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 3/5/03 due to an undisclosed mechanism of injury. Current diagnoses included cervical spondylosis, retrolisthesis at C3-4, cervicogenic headaches, and cervicocranial syndrome. The injured worker was status post left shoulder arthroscopy with subacromial decompression and Mumford on 5/2/07, left elbow medial epicondylectomy and release of ulnar nerve on 9/18/09, right wrist carpal tunnel and right elbow nerve release on 10/12/12, and left shoulder arthroscopy with glenohumeral debridement and subacromial decompression in September 2013. A clinical note dated 9/16/13 indicated the injured worker was status post bilateral occipital nerve block on 2/21/13 which provided pain relief for approximately one week. The injured worker complained of very poor sleep waking up at least once a night which improved following initiation of Viibryd and Sentra PM. The injured worker rated bilateral neck and bilateral suboccipital headaches at 6/10. The injured worker was prescribed Sentra PM, Gabapentin 600mg, Theramine, and Viibryd 20mg. A clinical note dated 1/13/14 indicated the injured worker presented for post-operative evaluation approximately four months following left shoulder arthroscopy. The injured worker fell approximately three weeks prior to office visit causing flaring and temporary setback. The injured worker continued home therapy, utilizing Voltaren ER and Norco on regular basis which relieved symptoms and allowed him to function at his current level. The injured worker had multiple inconsistent urine drug screens throughout clinical care.

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 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 (Chronic), Theramineï

Decision rationale: As noted in 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. Additionally, 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 is not medically necessary.