

<b>Case Number:</b>	CM14-0023374		
<b>Date Assigned:</b>	05/14/2014	<b>Date of Injury:</b>	03/05/2013
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	02/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 Orthopedic Surgery 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 patient is a 56 year old male with industrial injury 3/5/13. Exam note 1/21/14 demonstrates ongoing severe chronic pain. The patient is status post right knee partial medial and lateral meniscectomy, removal of loose body, resection of patella bone spur, chondroplasty, medial femoral condyle and patellofemoral joints of the right knee. Request for Theramine for right knee is made.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**THERAMINE FOR THE RIGHT KNEE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Theramine.

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

**Decision rationale:** The CA MTUS/ACOEM is silent on the issue of theramine. According to the ODG Pain chapter, regarding Theramine states that it is not recommended as there is a lack of high quality studies supporting usage. Therefore the determination is not medically necessary.