

Case Number:	CM14-0044353		
Date Assigned:	06/20/2014	Date of Injury:	06/22/2011
Decision Date:	07/24/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/19/2014

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 46-year-old gentleman who was reportedly injured on June 22, 2011. The mechanism of injury is noted as a slip and fall type event. The most recent progress note dated May 6, 2014, indicates that there are ongoing complaints of morbid obesity. The physical examination demonstrated a 6 foot, 326 pound individual. Diagnostic imaging studies objectified multiple level degenerative changes in the lumbar spine and degenerative disc disease lumbar spine. Degenerative changes are noted in the left hip. Previous treatment includes chiropractic care, physical therapy, treatment for obesity, and pain management intervention. A request had been made for Theramine and was not certified in the pre-authorization process on March 7, 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 Official Disability Guidelines Pain Chapter Theramine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment Guidelines, Theramine.

Decision rationale: According to the MTUS guidelines, there is a specific recommendation against the use of dietary supplements the treatment of chronic pain. Furthermore, the progress notes presented for review do not demonstrate any functional improvement, efficacy or utility with the utilization of this preparation. As such, the request for Theramine # 90 is not medically necessary and appropriate.