

Case Number:	CM14-0047269		
Date Assigned:	07/02/2014	Date of Injury:	05/25/2004
Decision Date:	08/21/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/15/2014

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 Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 67 year-old with a date of injury of 05/25/04. A progress report associated with the request for services, dated 10/29/13, identified subjective complaints of left arm pain. Objective findings included tenderness to palpation of the neck and pain with abduction of the shoulders. Diagnoses included cervical radiculopathy and shoulder joint pain. The patient was on no medications. A Utilization Review determination was rendered on 03/27/14 recommending non-certification of Theramine 4 tabs /day x 6 months and Trepadone 2 tabs/ day x 6 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Theramine 4 tabs /day x 6 months: 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.

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 Foods.

Decision rationale: Theramine is a nutritional supplement containing the active ingredients: choline bitartate; L-glutamine; L-arginine; L-histidine, L-serine, GABA; and 5-hydroxytryptophan as well as cinnamon and a variety of herbals. It is advertised as a medical

food for chronic back pain. The Medical treatment Utilization Schedule (MTUS) does not address Theramine. The Official Disability Guidelines (ODG) state that medical foods are recommended for specific dietary management of a disease for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. Specifically, it states that Theramine is not recommended. Choline is only recommended for replacement. There is inconclusive evidence that the product is indicated for memory, seizures, or transient ischemic attacks. Glutamate is used for hypochlorhydria and achlorhydria. 5-hydroxytryptophan is possibly effective for anxiety disorders, depression, and fibromyalgia. It has been linked to a contaminant that causes eosinophilia-myalgia syndrome. GABA is indicated for epilepsy, spasticity, and tardive dyskinesia. There is no high quality literature that GABA is indicated for treatment of insomnia. There is no indication for the use of L-serine in numerous references (Micromedex, Clinical Pharmacology, or AltMedDex). L-arginine is not indicated in current references for pain or inflammation. Honey & cinnamon are recommended as an option for arthritis pain. In this case, the record does not document conditions requiring this medical food nor is there conclusive evidence for the value of all the combined ingredients. Therefore, there is no medical necessity for Theramine.

Terapadone 2 tabs/ day x 6 months: 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.

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 Foods.

Decision rationale: Trepadone is a nutritional supplement containing the active ingredients: choline bitartate; L-glutamine; L-arginine; L-serine, GABA as well as cinnamon and a variety of herbals. It is advertised as a medical food for joint disorders. The Medical treatment Utilization Schedule (MTUS) does not address Trepadone. The Official Disability Guidelines (ODG) state that medical foods are recommended for specific dietary management of a disease for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. Choline is only recommended for replacement. There is inconclusive evidence that the product is indicated for memory, seizures, or transient ischemic attacks. Glutamate is used for hypochlorhydria and achlorhydria. 5-hydroxytryptophan is possibly effective for anxiety disorders, depression, and fibromyalgia. It has been linked to a contaminant that causes eosinophilia-myalgia syndrome. GABA is indicated for epilepsy, spasticity, and tardive dyskinesia. There is no high quality literature that GABA is indicated for treatment of insomnia. There is no indication for the use of L-serine in numerous references (Micromedex, Clinical Pharmacology, or AltMedDex). L-arginine is not indicated in current references for pain or inflammation. Honey & cinnamon are recommended as an option for arthritis pain. In this case, the record does not document conditions requiring this medical food nor is there conclusive evidence for the value of all the combined ingredients. Therefore, there is no medical necessity for Trepadone.

