

Case Number:	CM14-0047576		
Date Assigned:	07/07/2014	Date of Injury:	06/05/2010
Decision Date:	08/18/2014	UR Denial Date:	03/08/2014
Priority:	Standard	Application Received:	03/17/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 44-year-old female who reported an injury on 06/05/2010; cause unspecified mechanism of injury. The injured worker had a history of right foot and ankle pain. The injured worker had a diagnosis of right Baxter's nerve release and right percutaneous plantar fascia release using the percutaneous tenotomy and right ankle tendinitis. No diagnostics available for viewing. The past treatment included physical therapy, 20 sessions and orthotic. No medication or VAS scale for viewing. The objective findings per the clinical notes dated 02/25/2014 revealed a right ankle with a well-healed incision to the medial aspect. The injured worker had a negative Tinel's at the Baxter's nerve and pain with palpation at the origin of the plantar fascia, dorsiflexion and extension with resistance at the great toe, pain along the extensor hallucis longus tendon. The treatment plan included a referral for consult related ankle surgery and return in 1 month. The Request for authorization form dated 11/08/2013 was submitted with documentation. Rationale for the Theramine was for ongoing severe chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 4 prescriptions of 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 (ODG), Pain (Acute and Chronic).

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

Decision rationale: The retrospective request for 4 prescriptions for Theramine #90 is not medically necessary. The Official Disability Guidelines do not recommend Theramine. Theramine is a medical food from physician therapeutics that is a posterity blend of gamma aminobutyric acid and choline bitartrate. It is intended for the use and management of pain syndrome that include acute pain, chronic pain, fibromyalgia, neuropathic pain and inflammatory pain. There was no indication for the use of this product. In a manufacture study comparing Theramine to Naproxen, Theramine appeared to be effective in relieving back pain without causing significant side effects, however until there is higher quality study of the ingredients in Theramine, it is not recommended. The documentation provided did not indicate if the Theramine had been effective for pain control. There was no evidence of any other medications or a VAS scale given. There was no frequency given. As such, the request is not medically necessary.