

Case Number:	CM14-0051123		
Date Assigned:	07/07/2014	Date of Injury:	11/04/2010
Decision Date:	09/16/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/18/2014

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 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:

According to the records made available for review, this is a 59-year-old male with an 11/4/10 date of injury, and status post hernia surgery 2014. At the time (3/7/14) of request for authorization for Theramine, quantity 60, there is documentation of subjective (low back pain referring into lower anterior leg bilaterally right side worse than left, pain 5/10 with medications and 7-8/10 without medications) and objective (no pertinent findings) findings, current diagnoses (lumbar radiculopathy, neck pain, cervical radiculopathy, chronic pain syndrome, chronic pain related insomnia, myofascial syndrome, and neuropathic pain), and treatment to date (medications (including Vicodin, Lidoderm patches, Elavil, Anaprox, Cymbalta, and Medrox patches)).

IMR ISSUES, DECISIONS AND RATIONALES

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

Theramine, quantity 60: 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), Treatment Index, 9th Edition (web), 2011, Chronic Pain-Medical Food; US National Institute of Health (NIH) National Library of Medicine (NLM) PubMed, 2010. (<http://www.ncbi.nlm.nih.gov/pubmed/>).

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: MTUS does not address the issue. ODG identifies that Theramine is a medical food and is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Theramine, quantity 60 is not medically necessary.