

<b>Case Number:</b>	CM14-0052907		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	03/29/2011
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	04/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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, Pulmonary Diseases 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 injured worker is a 33-year-old male who reported an injury on 11/15/2013 due to cumulative trauma. On 11/15/2013, the injured worker presented with lumbar spine complaints. Upon examination of the lumbar spine, the injured worker had focal tenderness bilaterally over the L3-4, L4-5, and L5-S1 posterior spinous process and paravertebral muscles. He also had a positive straight leg raise to the right. Prior therapy included medications. The diagnoses were multilevel lumbar degenerative disc disease with multiple disc protrusions at L2-3, L3-4, L4-5 and L5-S1 with bilateral radicular symptoms, right greater than left. The provider recommended 90 capsules of Theramine between 08/08/2014 and 05/23/2014. The provider's rationale was not provided. The request of authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**90 Capsules of Theramine between 4/8/2014 and 5/23/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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 Official Disability Guidelines do not recommend Theramine. Theramine is a medical food that is a proprietary blend of gamma- aminobutyric acid and choline bitartrate, L-arginine, and L-serine. It is intended for use in the management of pain syndromes that include acute pain, chronic pain, fibromyalgia, neuropathic pain, and inflammatory pain. There is no indication for the use of this product. Theramine appeared to be effective in relieving back pain without causing any significant side effects, but until there are higher quality studies of the ingredients in Theramine, it remains not recommended. The providers request does not specify the dose or frequency of the medication. As the guidelines do not recommend Theramine, this medication would not be indicated. As such, the request is not medically necessary and appropriate.