

<b>Case Number:</b>	CM14-0053713		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	07/09/2010
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	04/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2014

### 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 Occupational Medicine 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:

This patient is a 64 y/o who has developed chronic right knee and leg pain subsequent to an injury 7/09/2010. She has been treated with arthroscopic surgery for a torn meniscus. Her diagnosis includes osteoarthritis with VAS scores that range from 4-7/10. She is treated with Celebrex and Prilosec. The treating physician's narrative on 5/5/14 states that she receives medical foods in the mail and does not want to take them.

### 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, Online Version, Pain Chapter; Medical Food.

**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 mix of amino acids, herbs and grape seed extracts. MTUS Guidelines do not specifically address this compound. ODG Guidelines do address the use nutrient supplements and they are not recommended unless there is a medical condition with

distinct nutritional deficits. There are no known distinct nutritional deficits associated with this patient's arthritis and pain. In addition, it is clearly documented that the patient does not want to use it. The Theramine #90 is not medically necessary.

**Senta PM #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, Online Version, Pain Chapter; Medical Food.

**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:** Senta PM is a mix of amino acids and Melatonin. MTUS Guidelines do not address this compound, but ODG Guidelines do. Nutrient supplements are not recommended unless there is a specific nutrient deficit associated with a medical condition. This patient's arthritis and pain is not associated with a specific nutrient deficit. In addition, it is clearly documented that the patient does not want to use it. The Senta PM #60 is not medically necessary.