

<b>Case Number:</b>	CM14-0067209		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	07/17/2007
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	05/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 54 year old female with a reported date of injury on 07/17/2014. The mechanism of injury was not noted in the records. The diagnoses included cervical thoracic arthrosis with possible neural encroachment. The past treatment included pain medication and acupuncture. The surgical history included right shoulder arthroscopy and bilateral carpal tunnel release surgery. On 02/06/2014, the subjective complaints were right shoulder and right clavicle pain. The physical examination revealed tenderness on the right head of the humerus region and a positive Hawkins test. The medications included Voltaren Gel, Zantac, and Theramine. The treatment plan was to continue medications. The rationale was to reduce pain. The request for authorization form was dated 05/08/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Theramine (duration unknown and frequency unknown) dispensed on 12/10/2013-2/06/2014 for treatment of bilateral wrists, right shoulder, and psyche: 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 chapter.

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

**Decision rationale:** The request for Retrospective request for Theramine (duration unknown and frequency unknown) dispensed on 12/10/2013-2/06/2014 for treatment of bilateral wrists, right shoulder, and psyche is not medically necessary. The injured worker has chronic pain to right shoulder and bilateral wrists. The Official Disability Guidelines state that Theramine not recommended due to the lack of high quality studies of its ingredients. Furthermore, the request as submitted did not provide a frequency and quantity. As use of Theramine is not recommended, the request is not medically necessary.