

Case Number:	CM14-0067695		
Date Assigned:	07/14/2014	Date of Injury:	03/09/2009
Decision Date:	12/17/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	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 Internal Medicine and is licensed to practice 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 patient is an injured worker with chronic bilateral shoulder pain status post bilateral shoulder arthroscopic surgeries (2012). Date of injury was 03-09-2009. Mechanism of injury was cumulative trauma. The primary treating physician's progress report dated 1/14/14 documented abduction of 170 degrees with improving strength. Theramine was dispensed for chronic shoulder pain. The primary treating physician's progress report dated 3/13/14 documented gradual improvement of left shoulder mobility and strength.

IMR ISSUES, DECISIONS AND RATIONALES

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

Theramine 450mg #90 x2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 125. Decision based on Non-MTUS Citation ODG(Official Disability Guidelines) pain chapter(Theramine)Official Medical Fee Schedule (dietary Supplements) page 7

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

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address Theramine. Official Disability Guidelines (ODG) state that Theramine is not recommended for the treatment of chronic pain. Medical foods are not recommended for treatment of chronic pain. The primary treating physician's progress report dated 1/14/14 documented that Theramine was dispensed for chronic shoulder pain. Per ODG guidelines, Theramine is not recommended for chronic pain. Therefore, the request for Theramine is not supported. Therefore, the request for Theramine 450mg #90 x2 is not medically necessary.