MAXIMUS Federal Services

Case Number:	CM14-0083508		
Date Assigned:	07/21/2014	Date of Injury:	03/09/2010
Decision Date:	10/20/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/04/2014

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:

The applicant is a represented [redacted] employee, who has filed a claim for chronic shoulder and knee pain reportedly associated with an industrial injury of March 9, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; dietary supplements; earlier knee surgery; earlier shoulder surgery; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated June 15, 2014, the claims administrator denied a request for Theracodophen-Theramine, a dietary supplement. The applicant's attorney subsequently appealed. In a progress note dated November 12, 2013, the applicant was apparently given Glucosamine-Chondroitin for knee arthritis. In a later note dated January 14, 2014, the applicant was described as not working. Celebrex and Glucosamine-Chondroitin were endorsed. Theracodophen-Theramine topical compound was requested via a request for authorization forms dated April 28, 2014 and May 7, 2014. No clinical progress notes or narrative commentary was attached to the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

Theracodophen-325 Theramine-9: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Alternative Treatments section.

Decision rationale: The MTUS does not address the topic of dietary supplements. As noted in the Third Edition ACOEM Guidelines Chronic Pain Chapter, complementary treatments, alternative treatments, and dietary supplements such as the Theracodophen-Theramine compounded issue are not recommended in the treatment of chronic pain as they have not been demonstrated to have any meaningful benefits or favorable outcomes in the treatment of the same. In this case, the attending provider failed to attach any narrative commentary, applicant-specific information, or medical evidence, which would offset the unfavorable ACOEM position on the article at issue. Therefore, the request for Theracodophen-Theramine is not medically necessary.