

Case Number:	CM14-0083836		
Date Assigned:	07/21/2014	Date of Injury:	08/23/2010
Decision Date:	09/08/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	06/05/2014

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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 51-year-old male who reported an injury on 08/23/2010. The mechanism of injury was not specifically stated. The current diagnosis is osteoarthritis involving the lower leg. The injured worker was evaluated on 04/22/2014. It was noted that the injured worker was previously treated with a cortisone injection. The injured worker was also engaged in an independent exercise program. Physical examination was not provided on that date. The injured worker was issued a prescription for Tramadol with Theramine for chronic knee pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review of Theratramadol (theramine 90) #450 (DOS 4/22/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official disability Guidelines: Pain Chapter, Medical Food, theramine, FDA.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Theramine.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. The Official

Disability Guidelines state Theramine is not recommended for chronic pain. Therefore, the current request cannot be determined as medically appropriate. There was also no strength or frequency listed in the current request. As such, the request is not medically necessary.