

Case Number:	CM14-0086945		
Date Assigned:	07/23/2014	Date of Injury:	07/14/2005
Decision Date:	09/08/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/10/2014

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 & Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 55 year old female was reportedly injured on 7/14/2005. The mechanism of injury was noted as an industrial injury. The most recent progress note, dated 2/11/2014, indicated that there were ongoing complaints of low back pain, left hip pain and left knee pain. The physical examination demonstrated lumbar spine limited range of motion with pain and positive tenderness to palpation of the lumbar spine, left knee had limited range of motion, edema and swelling in the left knee, sensory loss in the left lower extremity, and trigger points were in the left knee. The recent diagnostic studies are available for review. Previous treatment included previous surgeries, physical therapy and medications. A request was made for Theramine quantity 90 and was not certified in the preauthorization process on 6/4/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Theramine PM #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 - TWC Pain 2014: Theramine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Acute and Chronic) Theramine updated 7/10/2014.

Decision rationale: Therapy is not recommended. Theramine is a medical food that is a proprietary blend of gamma aminobutyric acid (GABA) and choline bitartrate, L arginine, and L serine. It is intended for use in the management of pain syndromes that include acute pain, chronic pain, fibromyalgia, neuropathic pain, and inflammatory pain. After review of the guideline criteria and medical records, there is no documentation necessitating the use for this medication. Therefore, this request is deemed not medically necessary.