MAXIMUS Federal Services

Case Number:	CM14-0164944		
Date Assigned:	10/10/2014	Date of Injury:	10/13/2010
Decision Date:	08/18/2015	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/07/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: New Jersey, Alabama, California
Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 (IW) is a 53 year old male who sustained an industrial injury on 10/13/2010. The worker reported neck pain, low back pain radiating into both legs, and right shoulder pain. The injured worker was diagnosed as having lumbar radiculopathy. Treatment to date has included oral and topical medications, radiographic imaging, physical therapy, a home exercise program, acupuncture, chiropractic care, aquatic therapy, epidural steroid injections, extra-corporeal shockwave therapy (ESTW), lab tests, and cardio respiratory diagnostics. At a follow-up visit of 07/15/2014, the injured worker complains of constant low back pain radiating into the lower extremities with numbness and tingling. Pain level was rated at a 9 on a scale of 0-10. His lumbar spine range of motion was diminished in all planes. He had bilaterally positive straight leg raise and decreased sensation to the lower extremities at L5-S1. Medications include Ambien, Ativan, Percocet, Omeprazole, Cymbalta, Xolindo cream, Terocin pain patch, and a vitamin B12 injection was given. A request for authorization was made for the following: Theramine #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Theramine #90: 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): Medical Foods.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Food http://worklossdatainstitute. verioiponly.com/odgtwc/pain.htm#Medicalfood.

Decision rationale: According to ODG guidelines, medical food, recommended as indicated below: Definition: Defined in section 5(b) of the Orphan Drug Act [21 U.s.c.360ee (b) (3)] as a food which is formulated to be consumed or administered entirely under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. To be considered the product must, at a minimum, meet the following criteria: (1) the product must be a food for oral or tube feeding; (2) the product must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; (3) the product must be used under medical supervision. There are no controlled studies supporting the safety and efficacy for the use of theramine for the treatment of pain. Furthermore, there no documentation that the patient suffered from a nutrition deficit that requires the use of theramine. Based on the above, the prescription of: Theramine #90 is not medically necessary.