

Case Number:	CM14-0186755		
Date Assigned:	11/17/2014	Date of Injury:	10/05/2012
Decision Date:	01/05/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/10/2014

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 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] repair employee, who has filed a claim for chronic pain syndrome, anxiety, depression, and shoulder pain reportedly associated with an industrial injury of October 5, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; dietary supplements; unspecified amounts of physical therapy over the course of claim, and earlier shoulder surgery. In a Utilization Review Report dated October 24, 2014, the claims administrator denied a request for Theramine, a dietary supplement. The claims administrator stated that its decision was based on a September 2, 2014, progress note and October 6, 2014, RFA form. The applicant's attorney subsequently appealed. On August 18, 2014, the applicant was placed off of work, on total temporary disability, while 12 sessions of physical therapy and unspecified dietary supplements and topical compounds were endorsed owing to multifocal complaints of low back pain, shoulder pain, and neck pain. In an earlier progress note dated January 6, 2014, the applicant was again placed off of work, on total temporary disability, while pain management consultation was endorsed.

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

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, Dietary Supplements section

Decision rationale: The MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines Chronic Pain Chapter, dietary supplements such as Theramine are not recommended in the treatment of chronic pain as they have not been demonstrated to have any meaningful benefits or improvements in functional outcomes in the treatment of same. In this case, the attending provider did not furnish any compelling applicant specific rationale, narrative commentary, or medical evidence which would offset the unfavorable ACOEM position on article at issue. The attending provider's documentation compromised almost entirely of preprinted checkboxes, with little to no narrative commentary. Therefore, the request was not medically necessary.