

Case Number:	CM14-0194176		
Date Assigned:	12/01/2014	Date of Injury:	01/07/2009
Decision Date:	01/16/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	11/19/2014

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 and Rehabilitation, has a subspecialty in Pain 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:

This is a patient with date of injury of January 7, 2009. A progress report dated October 10, 2014 identifies subjective complaints of ongoing left knee pain. Objective examination findings are not listed. Diagnoses include osteoarthritis of the lower leg and derangement of the medial meniscus. The treatment plan recommends work restrictions, Norco, Ultram, unloader brace, and consideration for Visco supplementation injections. A progress report dated September 4, 2014 indicates that the patient is taking Theramine capsules as directed. Objective examination findings revealed tenderness to palpation or on the medial joint line with normal range of motion and strength.

IMR ISSUES, DECISIONS AND RATIONALES

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

Theramine 101.5mg DOS 06/11/2014: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Theramine

Decision rationale: Regarding the request for Theramine, California MTUS and American College of Occupational and Environmental Medicine (ACOEM) Guidelines do not contain criteria for the use of medical foods. Official Disability Guidelines (ODG) states Theramine is not recommended. It is intended for use in the management of pain syndromes that include acute pain, chronic pain, fibromyalgia, neuropathic pain, and inflammatory pain. Until there are higher quality studies of the ingredients in Theramine, it remains not recommended. As such, the currently requested Theramine is not medically necessary.