

<b>Case Number:</b>	CM14-0194803		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	12/04/2013
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	11/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2014

### 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, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 43-year-old female with a 12/4/13 date of injury. At the time (11/7/14) of request for authorization for Theramine #60, there is documentation of subjective (cervical spine numbness, stiffness, right arm swells up, and shoulder pulling pain) and objective (cervical spine decreased range of motion, positive spasms, right shoulder positive impingement) findings, current diagnoses (right shoulder impingement r/o tear, right elbow lateral epicondylitis, right wrist sprain/strain), and treatment to date (medications (including ongoing use of Norco) and activity modification).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Theramine #60:** Upheld

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

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

**Decision rationale:** MTUS does not address the issue. ODG identifies that Theramine is a medical food and is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Theramine #60 is not medically necessary.

