

Case Number:	CM14-0195028		
Date Assigned:	12/02/2014	Date of Injury:	09/29/2011
Decision Date:	01/15/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	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 Physical Medicine and Rehabilitation; has a subspecialty in Interventional spine 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 patient is a 56 year old male with an injury date of 09/29/11. Based on the 08/15/14 progress report, the patient complains of low back pain which he rates as a 5/10. This pain is associated with numbness and tingling in the legs and radiates to his hips, thighs, knees, ankles, feet, and toes. The 09/17/14 report states that the patient has cervical spine pain which he rates as a 7/10, lumbar spine pain which he rates as a 5/10, right hand numbness/weakness, and left hand numbness/weakness. His cervical spine pain radiates to his bilateral shoulders and bilateral hands. The 10/15/14 report indicates that the patient has a decreased range of motion, spasms, and tenderness to palpation in both his lumbar spine and cervical spine. His bilateral wrists had tenderness to palpation and a positive Phalen's test. The patient's diagnoses include the following: 1) cervical disc disease 2) lumbar disc protrusion 3) lumbar radiculitis 4) myospasm 5) bilateral wrist sprain/strain. The utilization review determination being challenged is dated 10/22/14. Treatment reports were provided from 04/25/14- 10/15/14.

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 (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chapter Pain (Chronic) and topic Medical Foods

Decision rationale: According to the 09/17/14 report, the patient presents with cervical spine pain, lumbar spine pain, right hand numbness/weakness, and left hand numbness/weakness. The request is for Theramine #90. The report with the request was not provided nor is there any discussion provided regarding Theramine. MTUS and ACOEM guidelines are silent on medical foods. However, ODG guidelines, chapter 'Pain (Chronic)' and topic 'Medical Foods', state that medical foods such as Theramine are "Not recommended for chronic pain. Medical foods are not recommended for treatment of chronic pain as they have not been shown to produce meaningful benefits or improvements in functional outcomes." In this case, the treater is requesting Theramine, a medical food containing a proprietary formulation of neurotransmitter precursors (L-arginine, L-glutamine, L-histidine, choline bitartrate, 5-hydroxytryptophan), neurotransmitters (gamma-aminobutyric acid [GABA]), and a neuromodulator (L-serine); polyphenolic antioxidants (grape seed extract, cinnamon bark, cocoa); anti-inflammatory and immunomodulatory peptides (whey protein hydrolysate); and adenosine antagonists (cocoa, metabromine), as per <http://www.nutrientpharmacology.com/PDFs/monographs/theramine-monograph.pdf>. While the ODG guidelines do not discuss every ingredient found in Theramine, they state that L-arginine is "not indicated in current references for pain or 'inflammation.'" Regarding L-serine, the guidelines state "There is no indication in Micromedex, Clinical Pharmacology, or AltMedDex for the use of this supplement." Regarding GABA, the guidelines state that "This supplement is indicated for epilepsy, spasticity and tardive dyskinesia. There is no high quality peer-reviewed literature that suggests that GABA is indicated for treatment of insomnia. Adverse reactions associated with treatment include hypertension, increased heart rate and anxiety." Additionally, the guidelines do not recommend medical foods for the treatment of chronic pain. Thus, Theramine is not medically necessary.