

<b>Case Number:</b>	CM14-0196657		
<b>Date Assigned:</b>	12/04/2014	<b>Date of Injury:</b>	08/01/2004
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	10/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Internal 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 injured worker (IW) is a 55-year-old woman with a date of injury of August 1, 2004. The mechanism of injury occurred when the IW stepped out of a recreational pool after teaching a morning class. She slipped on a slippery pool deck and landed hard on her right side. She injured her right foot, hip and shoulder. Prior treatments have included cortisone injections, surgeries, medications, and acupuncture. The current diagnosis is pain in shoulder joint. Pursuant to the office visit note dated September 17, 2014, the IW complains of right shoulder pain, as well as trouble sleeping. She has right hand numbness and tingling as well as elbow pain. She states that her medications do no help with sleep. Physical exam reveals range of motion of the right shoulder is limited in abduction at 90 degrees, forward flexion at 75 degrees and extension at 45 degrees. Current medications include Lidoderm 5% patch, Diclofenac sodium 1.5% cream, Tylenol Extra Strength 500mg, Flector 1.3% patch, Ibuprofen 800mg, Sentra PM Medical Food, Theramine Medical Food, Synovacin 500mg, and Clarinex 5mg. The treating physician is requesting authorization for Theramine Medical Food 1 capsule QID #120 (30 day supply).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Theramine Medical Food #90 1 PO QID Qty: 120: 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, Theramine

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

**Decision rationale:** Pursuant to the Official Disability Guidelines, Theramine medical food #90 PO QID of 90 (quantity changed to #120). 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. See the ODG for details. In this case, the injured worker was being treated for right shoulder pain. Theramine is a medical food. Medical foods are not recommended for treatment of chronic pain. Consequently, Theramine medical food #90 PO QID of 90: quantity changed to #120 is not medically necessary.