

Case Number:	CM14-0063531		
Date Assigned:	07/11/2014	Date of Injury:	10/18/2013
Decision Date:	02/11/2015	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/06/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 47-year-old man who sustained a work-related injury on October 18, 2013. Subsequently, the patient developed a chronic back pain. According to a progress report dated on April 5, 2014, the patient was complaining of low back pain radiating to left lower extremity. The patient physical examination demonstrated tenderness to palpation over the sacroiliac joint and positive Faber test. The patient was diagnosed with lumbar and cervical radiculopathy the patient EMG performed on 2014 demonstrated left C6-7 and L5-S1 radiculopathy. The provider requested authorization for Theramine.

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, Treatment in Worker's Compensation 2014 Pain, Theramine and Medical Foods

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.nutrientpharmacology.com/PDFs/monographs/theramine-monograph.pdf>.

Decision rationale: Theramine is a medical food used for the management of pain. It is not FDA approved and there is no controlled studies supporting its efficacy and safety. Therefore, the prescription of Theramine is not medically necessary.