

Case Number:	CM15-0005454		
Date Assigned:	02/11/2015	Date of Injury:	03/15/2013
Decision Date:	03/25/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/10/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 is 35 year old male who sustained an industrial injury on 3/15/13 involving the head and neck. An object fell and hit him on the head and he immediately experienced a pounding sensation with fluid coming from his nose. Currently he is experiencing head, neck and bilateral hand pain. He has bouts of dizziness and poor memory. Medications help with the pain. Medications include Theramine, omeprazole, ketoprofen cream. Diagnoses include status post head contusion; tension headaches; cervical strain; muscle spasms. Treatments to date include transcutaneous electrical nerve stimulator unit. Diagnostics include electromyography (6/13/13) normal; Computed tomography of the head (3/21/13) unremarkable; x-ray of the cervical spine (4/8/13) unremarkable; MRI of the brain (5/29/13) and MRI of the cervical spine (5/29/13) were unremarkable. Progress note dated 12/16/14 recommends continuing Theramine to help absorb non-steroidal anti-inflammatory medication. On 12/29/14 Utilization review non-certified the request for Theramine # 90 citing MTUS: Chronic pain medical treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Med Theramine #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Chapter, page 136-137, on COMPLEMENTARY, ALTERNATIVE TREATMENTS, OR DIETARY SUPPLEM.

Decision rationale: Per MTUS Treatment Guidelines, Theramine is classified as medical food containing products that are not recommended for treatment of chronic pain as they have not been shown to produce meaningful benefits or improvements in functional outcomes. The provider has not documented any nutritional deficiency or medical conditions that would require nutritional supplementation as it relates to this patient's musculoskeletal injuries. The Med Theramine #90 is not medically necessary and appropriate.