

Case Number:	CM15-0006636		
Date Assigned:	01/26/2015	Date of Injury:	03/04/2009
Decision Date:	03/12/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/12/2015

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: Preventive Medicine, Occupational Medicine

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 58 year old male who sustained an industrial injury on 03/04/2009. He has reported right shoulder and low back pain with pain in the right leg and numbness in right foot. The IW has a diagnosis of thoracic and lumbosacral neuritis and/or radiculitis, pain in joint of the shoulder region, lumbago, degenerative lumbar and lumbosacral intervertebral disc, sacroiliitis, primary localized osteoarthritis shoulder region, and unspecified myalgia and mitosis. Treatment to date has included shoulder surgery, carpal tunnel surgery, and radiofrequency ablation of the medial branch nerves from L3 to L5 in September 2014 with an 80% improvement in the pain. He also had a right shoulder injection in March 2014 with a 70-75% decrease in right shoulder pain. Currently, the Injured Worker complains of severe right shoulder pain radiating to the elbow and below with muscle spasm and rated a 7/10. Other symptoms included back pain radiating to the right leg with numbness in the right foot. The pain was recently exacerbated from an injury incurred while walking his dog. On examination there was tenderness over the lumbar facet joints at L3-S1 bilaterally and tenderness over the lumbar process and interspace L1 to SI. Palpation of the sacroiliac joint revealed right and left sided pain. The Injured Worker had decreased range of motion in all directions. The shoulder had significant tenderness on the shoulder joint and biceps tendon accompanied by limited range of motion in all directions. The pain is improved with heat, massage, medications and sitting. The IW also complains of difficulty staying asleep due to pain. On 01/05/2015 Utilization Review non-certified a request for Theramine #60, 1 pill BID for anti-inflammatory, noting the medications was listed as a medical food and was not recommended for the treatment of chronic

pain. Non- MTUS, ACOEM Guidelines, of Official Disability Guidelines, Pain were cited. On 01/05/2015 Utilization Review also non-certified a request for Gabadone 2 pills at bedtime# for sleep, noting the medication is listed as a medical food and is not recommended. Non- MTUS, ACOEM of Official Disability Guidelines, Pain Guidelines, were cited. On 01/12/2015, the injured worker submitted an application for IMR for review of the non-certified items.

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, Pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain

Decision rationale: MTUS Guidelines do not address the issue of nutrient suppliments. Theramine is a mix of various amino acids and their precursors. ODG Guidelines address Theramine directly and the Guidelines state that it is not recommended. There are no unusual circumstances to justify and exception to Guidleines. The Theramine #60 is not medically necessary.

Gabadone #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, Pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain

Decision rationale: MTUS Guidelines do not address the use of compounded nutritional products. This is a compounded mix of various nutrient products. ODG Guidelines address this directly and state that Gabadone is not recommended. There are no unusual circumstances to justify an exception to Guidelines. The Gabdone #60 is not medically necessary.