

Case Number:	CM15-0106332		
Date Assigned:	06/10/2015	Date of Injury:	03/08/2012
Decision Date:	07/14/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/02/2015

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: Internal 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 is a 66 year old female, who sustained an industrial injury on 03/08/2012. She has reported subsequent low back, right wrist and right shoulder pain and was diagnosed with lumbar spine sprain/strain, right shoulder tendinitis and right wrist sprain/strain. Treatment to date has included oral pain medication and a home exercise program. In a progress note dated 03/12/2015, the injured worker complained of continued low back, right shoulder and right wrist pain with numbness and tingling. Objective findings were notable for decreased range of motion of the lumbar spine, right shoulder and right wrist. A request for authorization of Theramine was submitted for chronic pain, fibromyalgia, neuropathic pain and inflammatory pain.

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 cite any medical evidence for its decision.

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

Theramine, Medical food. Work Loss Data Institute - Pain (chronic) 2013
<http://www.guideline.gov/content.aspx?id=47590>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address Theramine. Official Disability Guidelines (ODG) state that Theramine is not recommended for the treatment of chronic pain. Medical foods are not recommended for treatment of chronic pain. Work Loss Data Institute guidelines indicate that Theramine (medical food) is not recommended. The medical records document the diagnoses of lumbar spine strain sprain, right shoulder tendinitis, and right wrist sprain strain. The patient sustained a work injury on 03-08-2012. Per ODG guidelines, Theramine is not recommended for chronic pain. The request for Theramine is not supported by clinical practice guidelines. Therefore, the request for Theramine is not medically necessary.