

Case Number:	CM15-0107772		
Date Assigned:	06/12/2015	Date of Injury:	01/26/2010
Decision Date:	07/13/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	06/04/2015

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: Connecticut, California, Virginia
 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 is a 63 year old male, who sustained an industrial injury on 1/26/10. He reported a left thumb injury while operating a table saw; in May of 2010, the injured worker noted the development of acid reflux, abdominal pain, nausea and alternating diarrhea and constipation. The injured worker was diagnosed as having abdominal pain, acid reflux, constipation/diarrhea and orthopedic diagnosis. Treatment to date has included multiple thumb surgeries, physical therapy, oral medications and activity restrictions. Currently, the injured worker complains of acid reflux, abdominal pain, nausea, diarrhea and constipation. He is currently working with self-imposed restrictions. Physical exam noted abdominal tenderness with palpation. A request for authorization was submitted for labs, EKG, abdominal ultrasound, upper GI series, Colace, Probiotic, Theramine and Gabadone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Theramine 2 bottles #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Foods FDA Guidance - Food and Drug Administration www.fda.gov/.../MedicalFoods/default.htm Cached GERD in Adults. Am Fam Physician. 2009 Jan 15; 79 (2): 149-150.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

Decision rationale: The MTUS supports prophylactic treatment of constipation in patients being treated with opioids. In this case, the patient has apparently had some relief with use of Colace. Theramine is a medical food with no formal support for use from the guidelines, and in the opinion of this reviewer, the request to include two bottles without assessment for efficacy is not medically necessary. Further documentation of medical necessity should be provided to allow for consideration of further treatment.