

Case Number:	CM15-0108710		
Date Assigned:	06/15/2015	Date of Injury:	02/23/2009
Decision Date:	07/14/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/05/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 55 year old female, who sustained an industrial injury on 02/23/2009. She has reported injury to the thoracic, lumbar, and sacral spine. The diagnoses have included lumbar disc disease; lumbar radiculopathy; lumbar spondylosis; thoracic sprain; and coccyx fracture, status post surgery and removal in 08/2011. Treatment to date has included medications, diagnostics, injections, acupuncture, chiropractic therapy, aquatic therapy, physical therapy, and surgical intervention. Medications have included Morphine Sulfate SR, Lidocaine patches, Baclofen, Docuprene, Thereamine, and topical compounded creams. A progress note from the treating physician, dated 03/11/2015, documented a follow-up visit with the injured worker. The injured worker reported that she had received bilateral L4-5 facet joint injections, and the injection is still working; pain is rated at 4/10 on the pain scale; overall feeling much better; unable to control her pain without her medications; and the topical creams provide immediate pain relief allowing her to lay down. Objective findings included appears in distress, moaning occasionally when trying to move; tenderness to the entire spine including thoracic, cervical, and lumbar areas; tenderness to the right sacroiliac region; tenderness to the coccyx and sacrum; bilateral tenderness and spasms of the L3-5 paraspinal muscles; decreased lumbar range of motion; pain with extension of the back, localizing to the lumbar facet joints of bilateral L4, L5, S1; and she is using a four-wheeled walker. The treatment plan has included the request for Theramine capsule #90 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Theramin capsule #90 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain chronic.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-pain and medical foods- pg 58.

Decision rationale: Theramine is a medical food containing a proprietary blend of gamma-aminobutyric acid [GABA] and choline bitartrate, L-arginine, and L-serine. It is intended for use in the management of pain syndromes that include acute pain, chronic pain, fibromyalgia, neuropathic pain, and inflammatory pain. According to the ODG guidelines it is not recommended. Choline is a precursor of acetylcholine. There is no known medical need for choline supplementation except for the case of long-term parenteral nutrition or for individuals with choline deficiency secondary to liver deficiency GABA is indicated for epilepsy, spasticity and tardive dyskinesia. There is no high quality peer-reviewed literature that suggests that GABA is indicated for treatment of insomnia. There is poor evidence to support its use and no diagnoses to indicate the need. The claimant had already received oral and topical medications for pain relief including NSAIDS. The claimant also received invasive procedures for pain relief. The use of Theramine is not medically necessary.