MAXIMUS Federal Services

Case Number:	CM15-0019923		
Date Assigned:	02/09/2015	Date of Injury:	10/05/2011
Decision Date:	04/03/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	02/02/2015

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, Arizona
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 a 53-year-old female who reported an injury on 10/05/2011. The mechanism of injury was not provided. Her diagnoses were noted as disc herniation without myelopathy, spasm of muscle and pain in limb. Her past treatments were noted to include acupuncture therapy, chiropractic therapy, ortho shockwave for lumbar spine, medication, and topical analgesics. During the assessment on 12/20/2014, the injured worker complained of lumbar spine pain. The physical examination revealed decreased range of motion and increased spasm in the lumbar spine. The physical examination documentation was illegible and difficult to read. Her medications were noted to include topical creams, Theramine, Sentra PM, Gabadone, and Sentra AM. The treatment plan was to request chiropractic therapy, acupuncture therapy, a urinalysis test, a noninvasive DNA test, and a shockwave treatment for the lumbar spine. The rationale for the request was not provided. The Request for Authorization form was dated 11/25/2014.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Medical Food.

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

Decision rationale: The request for Theramine #90 is not medically necessary. The Official Disability Guidelines do not recommend Theramine for treatment of chronic pain. As the evidence based guidelines do not recommend the use of Theramine for chronic pain treatment, the request is not supported. Additionally, the dose and frequency was also not provided. Given the above, the request is not medically necessary.