

Case Number:	CM15-0132460		
Date Assigned:	07/20/2015	Date of Injury:	10/07/2013
Decision Date:	08/17/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/09/2015

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: New Jersey, Alabama, California

Certification(s)/Specialty: Neurology, Neuromuscular 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 39-year-old male who sustained an industrial injury on 10/07/2013. The mechanism of injury and initial report of injury are not found in the records reviewed. The injured worker was diagnosed as having lumbar disc protrusion, lumbar radiculopathy, lumbar facet syndrome, and left knee internal derangement. Treatment to date has included medications, drug compliance testing, and cardio-respiratory diagnostics testing. Currently, the injured worker complains of intermittent low back pain with radicular symptoms into the left lower extremity. He rated his numbness and tingling as a 4 on a scale of 1-10, and occasional left knee pain rated as 2 on a scale of 1-10. His general pain level without medication is rated as a 6 on a scale of 1-10 with reduction to a 2 on a scale of 1-10 with medication. On examination, the lumbar range of motion was decreased in all planes, and there was tenderness along the lumbar spine with tenderness and spasm along the paravertebral muscles of the lumbar spine bilaterally. Straight leg raise is positive on the left and negative on the right. The treatment plan included a non-contrast MRI, continuation of Norco and Terocin Pain Patch, and prescription of compounded topical medications. Theramine was ordered for chronic pain, fibromyalgia, neuropathic and inflammatory pain. A request for authorization was made for the following: Theramine tablets for chronic pain, Fibromyalgia, Neuropathic pain and inflammatory pain count #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Theramine tablets for chronic pain, Fibromyalgia, Neuropathic pain and Inflammatory pain count #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 (ODG), Pain - Medical foods.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nutrientpharmacology.com/PDFs/monographs/theramine-monograph.pdf>.

Decision rationale: Theramine is a medical food used for the management of pain. It is not FDA approved and there is no controlled studies supporting its efficacy and safety. Therefore, the prescription of Theramine is not medically necessary.