

Case Number:	CM15-0132923		
Date Assigned:	07/21/2015	Date of Injury:	12/16/2014
Decision Date:	09/22/2015	UR Denial Date:	06/10/2015
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: 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 32 year old male, who sustained an industrial injury on December 16, 2014. He reported injuries of the left arm, bilateral hands, lower back, and left knee. The injured worker was diagnosed as having lumbar strain, lumbar disc protrusion, left knee sprain, left shoulder sprain, and left shoulder diffuse degeneration of the superior labrum. Diagnostic studies to date have included: On December 17, 2014, x-rays of the left knee revealed no acute findings. On December 17, 2014, x-rays of the lumbar spine revealed an 8 millimeter grade 1-2 anterolisthesis at lumbar 5-sacral 1 with possible spondylosis. On December 19, 2014, MRIs of the lumbar spine and left knee were performed. The MRI of the lumbar spine revealed a 1 millimeter broad-based bulge at lumbar 4-lumbar 5, which is in conjunction with facet hypertrophy and ligamentum flavum laxity producing no central canal narrowing and mild neural foraminal narrowing. At lumbar 5-sacral 1, there is 1 millimeter broad-based bulge. At lumbar 3- 4, there a 1 millimeter broad-based bulge at lumbar 4-lumbar 5, which is in conjunction with facet hypertrophy and ligamentum flavum laxity producing no central canal narrowing and slight neural foraminal narrowing. The MRI of the left knee revealed medial trochlear dysplasia and lateral patellar tilt without significant overhang and findings compatible with impingement related to abnormal patellofemoral tracking. There was no full-thickness tear and no discrete patellar chondral defect. Treatment to date has included physical therapy, a home exercise program, an electric moist heat pad, a cold-hot pack, a back support, a knee brace, and medications including oral analgesic, topical analgesic, muscle relaxant, and non-steroidal anti-

inflammatory. There were no noted previous injuries or dates of injury, and no noted comorbidities. On June 1, 2015, the injured worker complains of constant, moderate to severe low back pain with radiation to the bilateral lower extremities. He complains of left shoulder pain, also. He reports his medications were changed at the last visit and the medication does not let him sleep. His pain is rated 10/10. The physical exam revealed well-preserved anatomical alignment of the left shoulder with no tenderness to palpation, restricted range of motion, and positive Neer's and Hawkins. There was well-preserved thoracolumbar posture without splinting, a gait with a slight limp, and exquisite tenderness throughout the lumbar paravertebrals, which was worse at lumbar 3-lumbar 4, lumbar 4-lumbar 5, and lumbar 5-sacral 1. There was restricted and painful lumbar range of motion, an incomplete left straight leg raise due to severe knee pain, intact sensation in the bilateral lower extremities, and decreased deep tendon reflexes of the bilateral knees and ankles. There was no true suprapatellar swelling, decreased extension and flexion, a knee brace with patellar window, and medial and inferior pole tenderness of the left knee. There was intact cruciate function and satisfactory stability at full extension and 30 degrees flexion to varus and valgus testing. Requested treatments include: Theramine #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Theramine #90 DS ;20: Upheld

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

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

Decision rationale: Per the Official Disability Guidelines, Theramine is a medical food that contains 5-hydroxytryptophan 95%, choline bitartrate, L-arginine, histidine, L-glutamine, L-serine, gamma-aminobutyric acid (GABA), whey protein concentrates, grape seed extract 85%, cinnamon, and cocoa (theobromine 6%). The Official Disability Guidelines note that Theramine is not recommended for the treatment of chronic pain. The request for Theramine #90 DS; 20 is not medically necessary and appropriate.