

Case Number:	CM15-0134448		
Date Assigned:	07/22/2015	Date of Injury:	08/02/2007
Decision Date:	08/25/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/13/2015

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: Texas, Florida, California
 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 52 year old male who sustained an industrial injury on 08/02/2007. Mechanism of injury occurred when he fell down a manhole injuring his right ankle and left knee. Diagnoses include chronic pain syndrome, long-term use of medications, internal derangement of the left knee, pain in the right ankle, and encounter for therapeutic drug monitoring and popliteal cyst of the left knee. Treatment to date has included diagnostic studies, medications, status post knee surgery to include repair of a complex extensive medial meniscus tear. A physician progress note dated 06/02/2015 documents the injured worker complains of pain in his knee especially after exercising. He complains the Elavil is making him to sleepy, so he cannot take it every day, and because of this, he cannot taper down on the Butrans patch. He is waiting for the union to call him and presently in school for construction management. The left knee is tender to palpation especially over the medial compartment, and range of motion is limited by pain. The treatment plan includes the injured worker is to taper down on his Norco to 1-2 a day, Tramadol ER 1 a day as needed, refilling Elavil, and the patches will not be tapered down today due to an increase in pain, but he is to begin to taper in a month. Elavil may need to be changed if sleepiness persists. It is noted on the UR that that during the peer-to-peer discussion the physician said that Theramine was prescribed to reduce the patient's pain and need for NSAIDs and opiates. Treatment requested is for Theramine cap #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Theramine cap #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 Chapter (Online version).

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

Decision rationale: This claimant was injured in 2007. Diagnoses include chronic pain syndrome, long term use of medications, internal derangement of the left knee, pain in the right ankle, and encounter for therapeutic drug monitoring and popliteal cyst of the left knee. As of June 2015, there is knee pain especially after exercising. Theramine was prescribed reportedly to reduce the patient's pain and need for NSAIDs and opiates. The MTUS is silent on this particular agent. The ODG notes under Medical Foods that the substance is not recommended. It notes that Theramine is a medical food from [REDACTED], that is 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. See Medical food, Gamma-aminobutyric acid (GABA), where it says, "There is no high quality peer-reviewed literature that suggests that GABA is indicated"; Choline, where it says, "There is no known medical need for choline supplementation"; L-Arginine, where it says, "This medication is not indicated in current references for pain or inflammation"; & L-Serine, where it says, "There is no indication for the use of this product." Until there are higher quality studies of the ingredients in Theramine, it remains not recommended for this claimant. The request was not medically necessary and appropriately non-certified under the evidence-based documents.