

Case Number:	CM15-0164163		
Date Assigned:	09/01/2015	Date of Injury:	02/17/2015
Decision Date:	10/05/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/21/2015

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 York
 Certification(s)/Specialty: Internal 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:

This 61 year old female sustained an industrial injury to the neck, back and shoulder on 2-17-15. Previous treatment included physical therapy (six sessions) and medications. Documentation did not disclose magnetic resonance imaging. In a progress report dated 6-25-15, the injured worker complained of pain in the neck, mid and upper back, left shoulder and left ankle as well as pain and numbness in bilateral wrists and left thumb. The injured worker rated her pain 9 out of 10 on the visual analog scale. The physician noted that the injured worker's pain in the neck, left shoulder, left wrist and thumb had decreased from 10 out of 10 during the last office visit. Physical exam was remarkable for cervical spine with tenderness to palpation over the paraspinal musculature with restricted range of motion, thoracic spine with tenderness to palpation over the paraspinal musculature, left shoulder with tenderness to palpation and positive impingement and supraspinatus tests, bilateral wrists with tenderness to palpation, restricted range of motion on the right and positive bilateral Tinel's and Phalen's signs and left ankle with tenderness to palpation. Current diagnoses included cervical spine sprain and strain with radiculitis, thoracic spine sprain and strain, lumbar spine sprain and strain with radiculitis, left shoulder tendinosis, labral tear and impingement, bilateral wrist carpal tunnel syndrome, history of left thumb and left long trigger fingers, left thumb tenosynovitis, left ankle sprain and strain and anxiety and depression. The treatment plan included physical therapy for the cervical spine, lumbar spine and upper extremities twice a week for six weeks, prescriptions for Theramine, Tramadol and topical compound cream and a referral for extracorporeal shockwave therapy for the left shoulder.

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, Pain Chapter, Medical Food, Theramine.

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

Decision rationale: According to the ODG, Theramine is an FDA regulated medical food designed to address the increased nutritional requirements associated with chronic pain syndromes and low back pain. Its mechanism of action is the production of neurotransmitters that help manage and improve the sensory response to pain and inflammation. This medication 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. There is no medical literature that supports the use of this medication for the treatment of chronic pain. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.