

<b>Case Number:</b>	CM15-0167695		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	07/09/2014
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	07/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### 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: 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 34 year old male, who sustained an industrial-work injury on 7-9-14. He reported initial complaints of neck, back, and wrist pain. The injured worker was diagnosed as having cervical and lumbar spine musculoligamentous strain-sprain with radiculitis, thoracic musculoligamentous strain-sprain, lumbar myofascial pain, bilateral wrist sprain-strain, and bilateral wrist chronic overuse syndrome, gastrointestinal distress secondary to medication use and weight gain. Treatment to date has included medication and chiropractic care. Currently, the injured worker complains of cervical spine pain and tingling rated 5-7 out of 10. There was also pain reported in the mid-upper-lower back. Per the chiropractic report on 7-22-15, exam noted pain and stiffness of the cervical spine with tingling in the right upper extremity and pain in the lumbar spine with tingling, numbness, weakness, and stiffness, limited range of motion, positive orthopedic testing. The primary treating physician's progress report (PR-2) on 5-20-15 exam notes grade 2 tenderness to cervical spine, thoracic spine, and bilateral wrists. There was restricted range of motion, positive straight leg raise, and Phalen's test. The requested treatments include Theramine.

### 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 The Official Disability Guidelines, Treatment Index, 13th Edition (web), 2015, Pain - Theramine.

**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:** MTUS Guidelines do not directly address this issue. ODG Guidelines directly addresses the issue of "medical foods" and the Guidelines dedicate a specific section to Theramine. The Guidelines unequivocally state that Theramine is not recommended for chronic pain disorders or any musculoskeletal conditions associated with chronic pain. There are no unusual circumstances to justify an exception to Guidelines. The Theramine #90 is not recommended by Guidelines and is not medically necessary.