

<b>Case Number:</b>	CM15-0169163		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	11/03/2014
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	07/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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: North Carolina

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 40 year old male, who sustained an industrial injury on 11-3-2014. He reported being struck on the head, neck, and shoulders when a pallet full of merchandise fell from a truck. Diagnoses include headaches, cervical strain-sprain, thoracic strain-sprain, lumbar strain-sprain, and bilateral shoulder strain-sprain. Treatments to date include activity modification, medication therapy, and physical therapy. Currently, he complained of constant headaches, neck pain, and pain in the mid and low back with radiation to the lower extremities. On 7-14-15, the physical examination documented tenderness and decreased cervical range of motion. The shoulders were tender along the trapezius muscles bilaterally with decreased range of motion. The lumbar spine was tender and demonstrated bilaterally positive straight leg raise test. The plan of care included additional physical therapy and medication therapy. This appeal requested authorization for Theramine Capsules #90. The Utilization Review denied this request per ACOEM Guidelines and ODG Guidelines "do not recommend the use of the medical food in the treatment of any medical condition."

### 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:** Decision based on MTUS Low Back Complaints 2004.  
Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter.

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

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. The ODG states medical foods are not recommended unless a patient has a specialized disease state that requires the medical food in the treatment of that disease due to such conditions such as malabsorption. The patient does not meet these criteria and therefore the request is not medically necessary.