

Case Number:	CM15-0193847		
Date Assigned:	10/07/2015	Date of Injury:	06/14/2011
Decision Date:	11/23/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/02/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 60 year old female, who sustained an industrial injury on 6-14-11. The injured worker is diagnosed with right L5 and S1 radiculopathy and L4-L5 stenosis (right greater than left). Her disability status is permanent and stationary with restrictions. Notes dated 7-10-15 - 9-15-15 reveals the injured worker presented with complaints of back and right shoulder pain. The back pain radiates to the right ankle and is described as sharp and stabbing. The right shoulder pain radiates to the entire right arm (especially from the elbow to the hand). She also reports constant left wrist pain with numbness in the left "radial" area. The pain is described as achy, numbness and tingling. Her pain is increased by driving, lifting and grabbing, and decreased by medications, lotions and rest. She reports sleep disturbance due to the pain. Her pain is rated 10 out of 10. She also reports irritability, depression and anger and she is unable to engage in active sports. Physical examinations dated 7-10-15 - 9-15-15 revealed bilateral tenderness and spasms of the cervical and trapezius muscles, some decreased shoulder range of motion, tender at the right medial and lateral epicondylitis. There is decreased lumbar range of motion, tenderness over the L4-S1 disc space, right lumbosacral paraspinal muscles and right gluteal musculature. The straight leg raise is positive on the right and there is decreased sensation to light touch in the right lateral lower leg. Treatment to date has included right L4-L5 and L5-S1 transforaminal epidural steroid injection, right shoulder surgery (x2), psychotherapy, physical therapy, medications; Gralise, Lidocaine patch, Tylenol #3, Butrans patch, Cymbalta, Fenoprofen, Prilosec, Flexeril, Tramadol, Neurontin, Theramine, Sentra A.M. and Sentra P.M., which reduces her pain from 8 out of 10 to 3 out of 10 with medication, per note dated 9-15-15. A request for authorization dated 9-17-15 for Theramine #90 is denied, per Utilization Review letter dated 9-23-15.

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 (ODG) Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter, Theramine.

Decision rationale: The patient presents with back, right shoulder, and left wrist pain. The current request is for Theramine #90. The treating physician's report dated 09/15/2015 (96B) states, "Continue theramine 2 tid #180 for chronic pain." The MTUS and ACOEM Guidelines are silent with regards to this request. However, ODG Guidelines states, "Theramine not recommended for the treatment of chronic pain. Theramine is a medical food from Physician Therapeutics, Los Angeles, California that is a proprietary blend of gamma/aminobutyric acid (GABA) and choline bitartrate, L-arginine, L-serine until there are higher quality studies of the ingredients in Theramine, it remains not recommended." Medical records show that the patient was prescribed Theramine on 06/23/2015 (25B). In this case, Theramine is not supported by the ODG Guidelines for treatment of chronic pain. The current request is not medically necessary.