

Case Number:	CM15-0021858		
Date Assigned:	02/13/2015	Date of Injury:	02/03/2003
Decision Date:	04/07/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/05/2015

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, Arizona

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 65-year-old female who reported an injury on 02/03/2003 due to an unspecified mechanism of injury. On 08/18/2014, she presented for a followup evaluation regarding her low back and leg pain. She was noted to be taking cefpodoxime 200 mg, furosemide 20 mg, K-tabs 10 mEq, famotidine 20 mg, lisinopril 10 mg/hydrochlorothiazide 12.5 mg, and amoxicillin 875 mg/potassium clavulanate 125 mg. A physical examination showed that she was in no acute distress and had a normal gait. An examination of the lumbar spine showed an antalgic gait with the assistance of a cane and spasm present in the lumbar paravertebral region. There was no atrophy or wasting of the muscles noted and tenderness in the left lumbar paravertebral region was noted at the L4-5 and L5-S1 levels. There was tenderness present on the left sacroiliac joint and tenderness in the left piriformis muscle. Extension of the lumbar spine was positive for low back pain, right lateral flexion of the lumbar spine showed positive low back pain and left lateral flexion of the lumbar spine showed positive low back pain. Range of motion was noted to be decreased in the lumbar spine and strength was a 4/5 for the left EHL and left ankle dorsiflexors. She was diagnosed with lumbosacral spondylosis and radiculopathy of the lumbar spine. The treatment plan was for Theramine, #90. The rationale for treatment was not provided.

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, Medical Food Section.

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

Decision rationale: The Official Disability Guidelines do not recommend the use of medical foods unless there is a clear rationale for their necessity and it is to be used under direct supervision of a physician. The documentation provided does not state a clear rationale for the medical necessity of Theramine. Without a clear rationale stating the medical necessity of this medication and without evidence showing that it would be taken directly under a supervision of a physician, the request would not be supported. Also, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.