

<b>Case Number:</b>	CM15-0024799		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	05/13/2011
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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: Arizona, California  
 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 45-year-old female, who sustained an industrial injury on May 13, 2011. She has reported injury to her cervical spine, right shoulder and lumbar spine. The diagnoses have included cervical strain, status post right shoulder surgery and thoracolumbar strain. Treatment to date has included surgery, diagnostic studies, cane, lumbar spine brace, physical therapy, acupuncture, epidural steroid injections, trigger point injections, and medications. Currently, the injured worker complains of pain and problems in her right leg, constant cervical spine pain, constant right shoulder pain, constant lumbar pain, and constant severe low back pain. She reported a moderate to severe impairment with self-care and personal hygiene. She noted a severe impairment with respect to physical activity and sleep. On January 12, 2015, Utilization Review non-certified Theramine #60, noting the Official Disability Guidelines. On February 9, 2015, the injured worker submitted an application for Independent Medical Review for review of Theramine #60.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Theramine #60:** 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, Theramine

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG guidelines and medical foods

**Decision rationale:** Theramine is a medical food containing a proprietary blend of gamma-aminobutyric acid [GABA] and choline bitartrate, L-arginine, and L-serine. It is intended for use in the management of pain syndromes that include acute pain, chronic pain, fibromyalgia, neuropathic pain, and inflammatory pain. According to the ODG guidelines, it is not recommended. Choline is a precursor of acetylcholine. There is no known medical need for choline supplementation except for the case of long-term parenteral nutrition or for individuals with choline deficiency secondary to liver deficiency. GABA is indicated for epilepsy, spasticity, and tardive dyskinesia. There is no high quality peer-reviewed literature that suggests that GABA is indicated for treatment of insomnia. There is poor evidence to support its use and no diagnoses to indicate the need. The use of Theramine is not medically necessary.