MAXIMUS Federal Services

Case Number:	CM15-0214355		
Date Assigned:	11/04/2015	Date of Injury:	08/02/2007
Decision Date:	12/23/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	10/30/2015

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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, Pain Management

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 52 year old male, who sustained an industrial injury on 8-2-2007. The injured worker is undergoing treatment for: chronic pain syndrome, internal derangement of left knee, right ankle pain. On 4-30-15, and 9-17-15, he reported right ankle and left knee pain. He indicated he is able to walk and drive. He requested an increase in his medications. He informed the provider his knee pain increased with exercise and is going to school for engineering. Objective findings revealed tenderness of the left knee, pain with decreased range of motion of the left knee, positive crepitus and swelling; the right foot and ankle are noted as having a surgical scar to the lateral malleolus and lateral malleolus and swelling of the foot. The treatment and diagnostic testing to date has included: medications, left knee surgery (12-19-14), electrodiagnostic studies (date unclear), magnetic resonance imaging of the left knee (5-30-14), and home exercise. Medications have included: topical patches, Elavil, Theramine, naproxen, Prilosec, norco, tramadol. Current work status: permanent work restrictions. The request for authorization is for: Theramine capsules quantity 180 for a 30 day supply (Amino acids). The UR dated 10-21-2015: non-certified the request for Theramine capsules quantity 180 for a 30 day supply (Amino acids).

IMR ISSUES, DECISIONS AND RATIONALES

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

Theramine Capsules quantity 180, 30 days (Amino Acids): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index.

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

Decision rationale: The MTUS is silent on the topic of medical food. With regard to the treatment of chronic pain, the ODG guideline says this about theramine: Not recommended. Theramine is a medical food from [redacted], that is 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. See Medical food, Gamma-aminobutyric acid (GABA), where it says, "There is no high quality peer-reviewed literature that suggests that GABA is indicated"; Choline, where it says, "There is no known medical need for choline supplementation"; L-Arginine, where it says, "This medication is not indicated in current references for pain or inflammation"; & L-Serine, where it says, "There is no indication for the use of this product." Theramine is not recommended by the ODG and thus the request is not medically necessary.