

Case Number:	CM15-0033838		
Date Assigned:	02/27/2015	Date of Injury:	03/06/2009
Decision Date:	04/23/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/23/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency Medicine

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 56-year-old male who sustained an industrial injury on 03/06/09. Initial complaints and diagnoses are not available. Treatments to date include medications. Diagnostic studies include MRIs. Current complaints include upper back and leg pain. In a progress note dated 01/15/15 the treating provider reports the plan of care as including Norco, Fenoprofen, Prilosec, Docusate Sodium, Flexeril, Lidocaine patches, Theramine, and Fluriprofen cream. The requested treatment is Theramine.

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: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Guidelines state that Theramine may be indicated for management of pain syndromes such as acute pain, chronic pain, fibromyalgia and inflammatory pain. In this case,

the documents do not describe a dietary deficiency in GABA or any of the other components of Theramine. Thus, the request for Theramine is not medically appropriate and necessary.