

<b>Case Number:</b>	CM15-0036583		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	10/17/2001
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	02/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 57-year-old who has filed a claim for chronic neck, shoulder, and wrist pain reportedly associated with an industrial injury of October 17, 2011. In a Utilization Review Report dated February 9, 2015, the claims administrator failed to approve a request for Threamine, a dietary supplement. The claims administrator referenced historical utilization review reports and progress notes of December 11, 2014 and January 8, 2015, in its determination. The applicant's attorney subsequently appealed. In a January 2015 prescription form, Lexapro, Seroquel, Ambien, Wellbutrin, and Threamine were endorsed through preprinted checkboxes without any associated narrative commentary.

### 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 (ODG), Pain - Medical Food and on the Non-MTUS U.S. National Institutes of Health (NIH), National Library of Medicine (NLM), PubMed, 2015 ([www.ncbi.nlm.nih.gov/pubmed/](http://www.ncbi.nlm.nih.gov/pubmed/)).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM V.3 Chronic Pain General Principles of Treatment Medications Alternative Treatments Recommendation: Complementary or Alternative Treatments, Dietary Supplements, etc., for Chronic Pain Complementary and alternative treatments, or dietary supplements, etc., are not recommended for treatment of chronic pain as they have not been shown to produce meaningful benefits or improvements in functional outcomes. Strength of Evidence Not Recommended, Insufficient Evidence (I).

**Decision rationale:** No, the request for Threamine, a dietary supplement, was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic of dietary supplements. However, the Third Edition ACOEM Guidelines note that dietary supplements such as Threamine are not recommended in the treatment for chronic pain as they not have been demonstrated to have any meaningful benefits or favorable outcomes in the treatment of the same. Here, the attending provider did not furnish any clear or compelling applicant-specific rationale, which would offset the unfavorable ACOEM position on the article at issue. Therefore, the request was not medically necessary..