

<b>Case Number:</b>	CM15-0040898		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	12/09/2011
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2015

### 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, Florida, Illinois  
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 reported an injury on 12/09/2011. The mechanism of injury was not stated. The current diagnoses include bilateral hand sprain/strain, cervical sprain/strain, and left upper extremity radiculitis. The injured worker presented on 11/19/2014 for a follow-up evaluation with complaints of persistent pain. Upon examination, there was tenderness to palpation with a positive Tinel's sign. The progress note is handwritten and mostly illegible. Recommendations included continuation of the current medication regimen. There was no Request for Authorization submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Theramine #240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

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

**Decision rationale:** The Official Disability Guidelines do not recommend Theramine for chronic pain. Theramine is a medical food, as the Official Disability Guidelines do not recommend the use of Theramine for the treatment of chronic pain, the current request is not medically appropriate in this case. There was also no frequency listed in the request. Given the above, the request is not medically appropriate.