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| Case Number: | CM15-0238356 | | |
| Date Assigned: | 12/15/2015 | Date of Injury: | 12/21/1999 |
| Decision Date: | 01/19/2016 | UR Denial Date: | 11/25/2015 |
| Priority: | Standard | Application Received: | 12/07/2015 |

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
 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 39 year old female, who sustained an industrial injury on 12-21-1999. The injured worker is currently permanently disabled. Medical records indicated that the injured worker is undergoing treatment for history of cauda equina syndrome status post L4-5 discectomy and subsequent L4-5 fusion, neurogenic bowel and bladder, and chronic pain syndrome. Treatment and diagnostics to date has included physical therapy, injections, and medications. Recent medications have included Methadone, Fenopropfen, Prilosec, Flexeril, Narcosoft, Cymbalta, and Theramine (since at least 08-11-2015). Subjective data (10-17-2015 and 11-14-2014), included radiating low back pain. Objective findings (10-17-2015 and 11-14-2015) included decreased lumbar spine range of motion and decreased sensory to pin-prick along right lateral leg. The treating physician noted that the Theramine is "prescribed to help absorb the narcotics (methadone)". The request for authorization dated 11-14-2015 requested Fenopropfen, Prilosec, Flexeril, Theramine, Cymbalta, Narcosoft, and urine toxicology screen. The Utilization Review with a decision date of 11-25-2015 non-certified the request for Theramine three times daily #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Theramine tid #90: 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 Chapter (updated 10/09/2015).

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) Chapter, Medical Food.

Decision rationale: The requested Theramine tid #90 is not medically necessary. Neither the ACOEM Guidelines nor California MTUS addresses nutraceuticals, but per Official Disability Guidelines (ODG), Pain (Chronic) Chapter, Medical Food, medical foods are addressed and the definition "is a food which is formulated to be consumed or administered entirely under the supervision of a physician and which is intended for specific dietary management of a disease or condition for a distinctive nutrition or requirement based on recognized scientific principles or established by medical evaluation. To be considered, the product must at a minimum meet the following criteria: (1) The product must be food for oral or tube feeding. (2) The product must be labeled for dietary management of a specific medical disorder, disease, or condition for a distinctive nutritional requirement. (3) The product must be used under medical supervision." The injured worker has radiating low back pain. Objective findings (10-17-2015 and 11-14-2015) included decreased lumbar spine range of motion and decreased sensory to pin-prick along right lateral leg. The treating physician has not documented any specific dietary diseases or conditions or nutritional requirements, requiring nutritional supplements. The treating physician has not provided sufficient evidence-based, peer-reviewed and nationally-recognized medical literature in support of this supplement. The criteria noted above not having been met, Theramine tid #90 is not medically necessary.