

Case Number:	CM14-0128898		
Date Assigned:	09/05/2014	Date of Injury:	02/25/2012
Decision Date:	09/29/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/12/2014

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. The expert reviewer is Board Certified in Family Medicine, and is licensed to practice in Utah. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 38 year-old male. The patient's date of injury is 2/25/2012. The mechanism of injury was not documented. The patient has been diagnosed with Neuritis. The patient's treatments have included chiropractic's, and medications. The only physical exam findings that were included in the clinical documents were dated 10/8/2013, which stated Normal appearance, and normal gait. The patient's medications have included, but are not limited to, Flexeril, Aleve, and Fluriflex ointment. The request is for Theramine. It is not clear if this medication was previously used or what the outcomes of the medication were.

IMR ISSUES, DECISIONS AND RATIONALES

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

Theramine Tablets QTY:60:00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS treatment guidelines do not specifically mention Theramine. Other guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Theramine. Guidelines state the following: Not recommended, a

medical food, due to lack of high quality studies. According to the clinical documentation provided and current guidelines; Theramine, as written above, is not medical necessity to the patient at this time.