

Case Number:	CM14-0146303		
Date Assigned:	09/12/2014	Date of Injury:	07/01/2013
Decision Date:	10/14/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	09/09/2014

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 Occupational Medicine and is licensed to practice in California. 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:

According to the records made available for review, this is a 39-year-old male with a 7/1/13 date of injury. At the time (6/5/14) of request for authorization for Theramine #90, there is documentation of subjective (intermittent moderate sharp, achy 10/10 low back pain and stiffness and constant severe dull, achy 10/10 right shoulder pain with stiffness and weakness) and objective (decreased lumbar range of motion, tenderness to palpation of lumbar paravertebral muscles, Kemp's positive, decreased right shoulder range of motion, tenderness to palpation of acromioclavicular joint and anterior shoulder, supraspinatus press causes pain, and cross arm test positive) findings, current diagnoses (lumbar sprain/strain and right shoulder sprain/strain), and treatment to date (physical therapy, acupuncture, Lint and Shockwave treatment, and medications (including ongoing treatment with Ibuprofen, Prilosec, Flexeril, Norco, Theramine, Sentra AM, and Gabadone)).

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain

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

Decision rationale: MTUS does not address the issue. ODG identifies that Theramine is a medical food and is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Theramine #90 is not medically necessary.