

Case Number:	CM14-0163472		
Date Assigned:	10/08/2014	Date of Injury:	11/07/2013
Decision Date:	11/04/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/04/2014

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 Physical Medicine and Rehabilitation 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:

This 56 year-old female Bus Operator sustained an injury on 11/7/13 to her left elbow, left knee, and left ankle while employed by [REDACTED]. Request(s) under consideration include Theramine Convenience Kit (Naproxen 250 Mg and Theramine). Report of 8/5/14 from the provider noted the patient with mild increase in left knee pain over the past few months. Exam showed mild patellofemoral crepitation with tenderness and nominal effusion. Treatment plan was for GI studies as the patient was unable to start on some anti-inflammatory medication until tests are completed. Report of 8/28/14 from the provider noted the patient with some gastroesophageal reflux, but felt she could take her anti-inflammatory. This kit that contains combination of Naproxen and Theramine is prescribed for left leg discomfort and the convenient kit was noted to allow for the physician to titrate the dose. It was also noted that this was not a compounded product, but two separate products that were administered together. The request(s) for Theramine Convenience Kit (Naproxen 250 Mg and Theramine) was non-certified on 9/17/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Theramine Convenience Kit (Naproxen 250 Mg and Theramine): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Medical Foods

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Chronic Pain Chapter COMPLEMENTARY, ALTERNATI.

Decision rationale: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of the NSAID's functional benefit is advised as long term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing. Available reports submitted have not adequately addressed the indication to continue this NSAID for neither this chronic injury nor its functional efficacy derived from treatment already rendered. There is no report of acute flare or new injuries. NSAIDs are a second line medication after use of acetaminophen especially in light of GI side effects as noted by the provider. Additional, per MTUS Treatment Guidelines, Theramine is classified as medical food containing products that are not recommended for treatment of chronic pain as they have not been shown to produce meaningful benefits or improvements in functional outcomes. The provider has not documented any nutritional deficiency or medical conditions that would require nutritional supplementation as it relates to this patient's musculoskeletal injuries. The Theramine Convenience Kit (Naproxen 250 Mg and Theramine) is not medically necessary and appropriate.