

Case Number:	CM14-0163870		
Date Assigned:	10/08/2014	Date of Injury:	09/23/2006
Decision Date:	11/04/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/06/2014

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, has a subspecialty in Interventional Spine 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:

The patient is a 60 years old male with an injury date on 09/23/2006. Based on the 09/08/2014 progress report provided by [REDACTED], the diagnoses includes status post traumatic fall, status post thoracic and lumbar spinal instrumentation, status post left acetabular fracture and open reduction internal fixation of the fracture through and ilioinguinal approach, chronic pain syndrome, prescription narcotic dependence, thoracic spine strain, and lumbar spine strain. According to this report, the patient returns for a hernia surgery follow up. The patient states "he is doing well" and "is happy with his current protocol." "The patient's current pain is 3/10 with medication and an 8/10 without medications with average pain as 5/10. There were no other significant findings noted on this report. The utilization review denied the request on 09/17/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 01/22/2013 to 09/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Theramine #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: According to the 09/08/2014 report by [REDACTED] this patient returns for a hernia surgery follow up. The physician is requesting decision for Theramine #120, a medical food. The MTUS and ACOEM guidelines are silent with regards to this product. However, the ODG guidelines state that Theramine is a proprietary medication of Physician Therapeutics based in Los Angeles, CA. Its intended use is in the management of pain syndromes including acute pain, chronic pain, fibromyalgia, neuropathic pain, and inflammatory pain. The ODG further states for each ingredient, "There is no high quality peer-reviewed literature that suggests that GABA is indicated"; for Choline, "There is no known medical need for choline supplementation"; L-Arginine, "This medication is not indicated in current references for pain or inflammation"; & L-Serine, "There is no indication for the use of this product." It does not appear that there is any guideline to support this product in the management of chronic pain. Therefore, the request is not medically necessary.