

Case Number:	CM14-0164367		
Date Assigned:	10/09/2014	Date of Injury:	07/21/2010
Decision Date:	11/13/2014	UR Denial Date:	09/24/2014
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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 injured worker is a 36 year old female who was injured at work on 07/21/2010. The injured worker is reported to be complaining of severe pain in the neck, shoulder trapezius and scapular areas that radiate to the left elbow and mid-back. The pain is burning, associated with numbness and tingling. The physical examination revealed she was tearful; there was positive spurlings test, she was tender between the spine and the scapular. The injured worker has been diagnosed of cervicothoracic strain/arthrosis/C5-6 discopathy with neural encroachment ; Left shoulder impingement syndrome with possible partial thickness rotator cuff tear; left medial and lateral epicondylitis of the elbow; right shoulder impingement syndrome; possible complex regional pain syndrome , left parascapular area; abdominal complaints. Treatments include Motrin, Trigger point injections, shoulder injections, Omeprazole. At dispute is the request for Theramine #90.

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 Official Disability Guidelines, Medical foods

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),

Medical food. Other Medical Treatment Guideline or Medical Evidence: Physician Therapeutics, Medical Foods <http://www.ptlcentral.com/medical-foods-products.php>.

Decision rationale: The injured worker sustained a work related injury on 07/21/2010. The medical records provided indicate the diagnosis cervicothoracic strain/arthrosis/C5-6 discopathy with neural encroachment; Left shoulder impingement syndrome with possible partial thickness rotator cuff tear; left medial and lateral epicondylitis of the elbow; right shoulder impingement syndrome; possible complex regional pain syndrome, left parascapular area; abdominal complaints. Treatments include Motrin, Trigger point injections, shoulder injections, and Omeprazole. The medical records provided for review do not indicate a medical necessity for Theramine #90. Theramine is a medical food manufactured by Physician Therapeutics. The MTUS does not recommend discuss the topic. The official disability Guidelines recommends against the use of medical foods since Medical foods have not been shown to produce meaningful benefits or improvements in functional outcomes in the treatment of chronic pain. Furthermore, they are formulated to be consumed or administered under the supervision of a physician; and are intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. Therefore, the requested treatment is not medically necessary.