

Case Number:	CM14-0080201		
Date Assigned:	07/18/2014	Date of Injury:	05/26/2013
Decision Date:	09/22/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/30/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 54-year-old female, who reported injury on 05/26/2013. The diagnoses included pain in joint. The mechanism of injury was cumulative trauma. The injured worker's prior treatments and diagnostic studies included physical therapy and x-rays and electrodiagnostics. The documentation of 10/31/2013 revealed the injured worker had pain that had decreased in the left shoulder and cervical spine. The injured worker was noted to be taking Naprosyn. The physical examination of the bilateral upper extremity revealed a negative Tinel's in the bilateral elbows. The injured worker had a positive Finkelstein's bilaterally and Tinel's sign bilaterally as well as a Phalen's sign bilaterally. The injured worker had bilateral thenar weakness. The injured worker had a positive carpometacarpal grind test bilaterally. The physical examination of the right knee revealed mild effusion, crepitation, and full range of motion. The diagnoses included bilateral hand and wrist arthrosis, including carpometacarpal joints, left shoulder mild glenohumeral joint arthrosis with possible rotator cuff tear, left De Quervain's tenosynovitis, possible bilateral carpal tunnel and/or cubital tunnel syndrome, lumbosacral strain/arthrosis with possible neural encroachment, mild bilateral hip arthrosis, and right knee arthrosis. The treatment plan included Theramine for pain. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Theramine (duration and frequency unknown) dispensed on 10/31/2013 for treatment of the left wrist and low back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain.

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

Decision rationale: The Official Disability Guidelines do not recommend Theramine. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. The request as submitted failed to indicate the frequency and quantity of Theramine being requested. Given the above and the lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations, the retrospective request for Theramine, duration and frequency unknown, dispensed 10/31/2013 for treatment of left wrist and low back, is not medically necessary.