

<b>Case Number:</b>	CM14-0099750		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	06/12/2003
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	06/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 Physical Medical and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 47 year-old individual was reportedly injured on 6/12/2003 the mechanism of injury is noted as repetitive work. The most recent progress note, dated 5/10/2014. Indicates that there are ongoing complaints of low back pain, anxiety, and insomnia. The physical examination is handwritten and grossly illegible. The previous physical examination dated 4/16/2014 is also handwritten but states persistent pain and tenderness to the cervical, thoracic, and lumbar spine. Bilateral shoulders and bilateral wrist. Diagnostic imaging studies include EMG/NCV of the upper/lower extremities dated 4/11/2014 and 4/13/2014 reveal normal study of the bilateral upper extremities. Previous treatment includes medications, bracing, physical therapy, and conservative treatment. A request had been made for Theramine #90 and was not certified in the pre-authorization process on 6/17/2014.

### 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, Pain, Medical foods

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment, Integrated Treatment/Disability Duration Guidelines, Pain (Chronic), Medical Food, Updated July 10 2014.

**Decision rationale:** Theramine is a FDA regulated medical food designed to address the increased nutritional requirements associated with chronic pain syndromes and low back pain. According to ODG guidelines this medication is not recommended. Until there are higher quality studies of the ingredients in this medication is not medically necessary.