

Case Number:	CM14-0213687		
Date Assigned:	12/31/2014	Date of Injury:	06/03/2013
Decision Date:	03/03/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 44-year-old woman with a date of injury of 06/03/2013. The submitted and reviewed documentation did not identify the mechanism of injury. A treating physician note dated 12/02/2014 indicated the worker was experiencing pain in the right shoulder, left knee, and the neck that was improved. The documented examination described tenderness in the right shoulder. The submitted and reviewed documentation concluded the worker was suffering from supraspinatus tendinitis, biceps tenosynovitis, mild shoulder effusion, acromioclavicular arthropathy, subacromial/subdeltoid bursitis, and a partial ACL tear in the left knee. Treatment recommendations included medications and medical foods, acupuncture, shockwave therapy for the right shoulder, consultation with a specialist for the left knee, and follow up care. A Utilization Review decision was rendered on 12/12/2014 recommending non-certification for ninety tablets of theramine.

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Theramine product information. Accessed 08/14/2014. <http://www.nutrientpharmacology.com/PDFs/monographs/theramine-monograph.pdf>, accessed 02/19/2015.

Decision rationale: The MTUS Guidelines are silent on this issue. Theramine is a medicinal food that contains L-arginine, L-glutamine, L-histadine, choline bitartrate, 5-hydroxytryptophan, GABA, L-serine, grape-seed extract, cinnamon bark, whey protein, cocoa, and metabrine. The MTUS Guidelines require that the use of treatments be scientific and evidence-based. The submitted and reviewed documentation concluded the worker was suffering from GERD, hypertension, chronic regional pain syndrome, constipation, post-operative left leg radiculopathy, coccydina, and L5-S1 pseudoarthrosis. A review of the literature revealed no vigorous, peer-reviewed studies demonstrating a clear scientific benefit for using Theramine in the treatment of the worker's active issues. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for ninety tablets of theramine is not medically necessary.