

Case Number:	CM15-0014357		
Date Assigned:	02/02/2015	Date of Injury:	06/23/2009
Decision Date:	03/26/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/26/2015

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: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 28-year-old female, who reported injury on 06/23/2009. The mechanism of injury was not provided. The prior treatments included and injected in the right elbow. The documentation submitted for review is dated 11/17/2014. The injured worker indicated she continued to feel extreme aggravation of pain starting from the right hand going up into the right forearm area and right elbow and going up the right shoulder into the right side of the neck. The injured worker indicated that all activities continue to produce pain. The medication Tylenol No. 3 was noted to not help at all. The physical examination revealed stiffness and tightness of the right paravertebral muscles and medial border of the right scapular area. The injured worker had normal range of motion. The cervical compression and Spurling's tests were negative. The injured worker had tenderness and stiffness on the AC joint upon palpation of the right shoulder. There was restricted range of motion of the right shoulder. The injured worker had positive Neer's and Hawkins tests. The injured worker was noted to have scars along the dorsal aspect of the right wrist and the ulnar surface of the right forearm. The scars were hypersensitive to touch and produced some electrical sensation and tingling in the distribution of the entire hand. There was tenderness on the dorsal aspect of the triangular fibrocartilage and scapholunate region. There was atrophy of the right forearm musculature compared to the left. The injured worker had significant dysesthesia in the distribution of the 4th and 5th fingers with decreased sensation. There was tenderness to the lateral and medial epicondyle of the right elbow. Flexion, extremity, ulnar and radial deviation on the right side were restricted. There was slight right elbow flexion contracture. The Tinel's test was positive on the right side. Sensation was altered in the right

forearm as compared to the left and there was burning sensation on deep touch. The diagnosis included tear triangular fibrocartilage complex status post repair 08/12/2010, right lunotriquetral articular ligament, right ulnar shortening osteotomy, arthrodesis intercarpal right lunotriquetral articulation with use of right distal radius bone graft, complex regional pain syndrome type 2, right shoulder sprain, left wrist sprain, myofascial pain, right De Quervain's tenosynovitis and radial styloid tenosynovitis, right first dorsal compartment release and incision extensor tendon sheath right wrist De Quervain's disease application short arm splint, and possible CRPS right side. The treatment plan included Norco 10/325, Lyrica 100 mg 1 by mouth twice a day and a continuation of a home exercise program. There was no Request for Authorization or rationale submitted for review for the requested medical food.

IMR ISSUES, DECISIONS AND RATIONALES

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

Theramine QTY 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 Procedure Summary

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

Decision rationale: The Official Disability Guidelines indicate that Theramine is not recommended for the treatment of chronic pain. The clinical documentation submitted for review failed to provide a rationale and the requested date for the medication. The request as submitted failed to indicate the frequency for the requested medical food. Given the above and the lack of documented rationale, the request for Theramine quantity 90 is not medically necessary.