

Case Number:	CM15-0017395		
Date Assigned:	02/05/2015	Date of Injury:	10/18/2012
Decision Date:	03/30/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/29/2015

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

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 50 year old male who sustained an industrial injury on 10/18/12. The injured worker reported symptoms in the spine. The diagnoses included lumbar spine herniated nucleus pulposus and cervical spine herniated nucleus pulposus. Treatments to date include muscle relaxants, massage therapy, physical therapy, acupuncture treatments and home exercise program. In a progress note dated 10/7/14 the treating provider reports the injured worker was with decreased range of motion. On 1/5/15 Utilization Review non-certified the request for Theramine #90. The MTUS, ACOEM Guidelines, (or ODG) was cited.

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 ODG, Pain Chapter, Medical Foods

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.

Decision based on Non-MTUS Citation website

<http://www.nutrientpharmacology.com/PDFs/monographs/theramine-monograph.pdf>. Official disability guidelines chapter 'Pain (Chronic)' and topic 'Medical Foods'

Decision rationale: The patient was injured on 10/18/12 and presents with cervical spine and lumbar spine pain. The request is for THERAMINE #90. The RFA is dated 12/12/14 and the patient is to remain off of work as of 12/10/14. The patient has been taking Theramine as early as 08/19/14. MTUS and ACOEM guidelines are silent on medical foods. However, ODG guidelines, chapter 'Pain (Chronic)' and topic 'Medical Foods', state that medical foods such as Theramine are Not recommended for chronic pain. Medical foods are not recommended for treatment of chronic pain as they have not been shown to produce meaningful benefits or improvements in functional outcomes. In this case, the treater is requesting Theramine, a medical food containing a proprietary formulation of neurotransmitter precursors (L-arginine, L-glutamine, L-histidine, choline bitartrate, 5-hydroxytryptophan), neurotransmitters (gamma-aminobutyric acid [GABA]), and a neuromodulator (L-serine); polyphenolic antioxidants (grape seed extract, cinnamon bark, cocoa); anti-inflammatory and immunomodulatory peptides (whey protein hydrolysate); and adenosine antagonists (cocoa, metabromine), as per <http://www.nutrientpharmacology.com/PDFs/monographs/theramine-monograph.pdf>. While the ODG guidelines do not discuss every ingredient found in Theramine, they state that L-arginine is not indicated in current references for pain or 'inflammation.' Regarding L-serine, the guidelines state There is no indication in Micromedex, Clinical Phamacology, or AltMedDex for the use of this supplement. Regarding GABA, the guidelines state that This supplement is indicated for epilepsy, spasticity and tardive dyskinesia. There is no high quality peer-reviewed literature that suggests that GABA is indicated for treatment of insomnia. Adverse reactions associated with treatment include hypertension, increased heart rate and anxiety. Additionally, the guidelines do not recommend medical foods for the treatment of chronic pain. Thus, Theramine IS NOT medically necessary.