

Case Number:	CM15-0064313		
Date Assigned:	04/10/2015	Date of Injury:	02/21/2002
Decision Date:	05/11/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/06/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 56 year old male, who sustained an industrial injury on 2/21/2002. The mechanism of injury is not indicated. The injured worker was diagnosed as having lumbar strain, right knee strain, left knee strain, right foot sprain, and status post right knee surgery. Treatment to date has included medications, and home exercise program. The request is for Theramine #90. On 2/18/2015, he is seen for continued low back, right knee, and bilateral foot pain. He rates his pain as 6.5-7 with medications, otherwise states the pain is unbearable. The treatment plan included: urine toxicology screening, refilling Norco, Theramine, continuing home exercise program, request for functional restoration, and follow up as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Theramine 1 PO Q8Hr Count #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chapter, Theramine.

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

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for chronic right knee, bilateral foot, and low back pain. Norco and Theramine are being prescribed. Theramine is a medical food from that is a proprietary blend of gamma-aminobutyric acid [GABA] and choline bitartrate, L-arginine, and L-serine. It is intended for use in the management of pain syndromes that include acute pain, chronic pain, fibromyalgia, neuropathic pain, and inflammatory pain. Guidelines recommend against its use. Thus, the request is not medically necessary.