

<b>Case Number:</b>	CM15-0077805		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	08/09/2006
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	04/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 58 year old female who sustained an industrial injury on 08/09/2006. Current diagnoses include sacroliliitis, post laminectomy syndrome, lumbar disc displacement, and thoracic/lumbosacral radiculopathy. Previous treatments included medication management, lumbar surgery, and spinal cord stimulator. Report dated 03/16/2015 noted that the injured worker presented for follow up. Pain level was 4 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. The treatment plan included prescribing medications and follow up in four weeks. Disputed treatments include Theramine and Klonopin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Theramine #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, medical foods.

**Decision rationale:** The California chronic pain medical treatment guidelines and the ACOEM do not specifically address the requested medication. The ODG states that medical foods are not considered medically necessary except in those cases in which the patient has a medical disorder, disease or condition for which there are distinctive nutritional requirements. The patient does not have diagnoses of a medical disorder that would meet these requirements. The criteria per the ODG have not been met and therefore the request is not medically necessary.