

Case Number:	CM15-0095714		
Date Assigned:	05/22/2015	Date of Injury:	08/16/2007
Decision Date:	06/25/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/18/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 31 year old male, who sustained an industrial injury on August 16, 2007. The injured worker was diagnosed as having lumbar radiculopathy, microdiscectomy, lumbar intervertebral disc displacement, lumbago, long-term use of medication, insomnia and depression. Treatment to date has included surgery, therapy and medication. A progress note dated April 8, 2015 the injured worker complains of back pain radiating down the right leg. Physical exam notes lumbar tenderness with decreased range of motion (ROM) and decreased sensitivity of right leg. The plan includes Prilosec, Norco, Flexeril, Remeron, Fenoprofen, Gabapentin, Theramine, Lidocaine patches and follow-up.

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 (ODG), Pain.

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)-

Medical food and Other Medical Treatment Guidelines Updated ACOEM Guidelines, Pain section; Complementary, alternative treatments, or dietary supplements, etc., page 135.

Decision rationale: Theramine #90 is not medically necessary per ODG and the updated ACOEM guidelines. The MTUS Chronic Pain Medical Treatment Guidelines do not discuss this issue. The ACOEM guidelines state that complementary and alternative treatments, or dietary supplements, etc., are not recommended for treatment of chronic pain as they have not been shown to produce meaningful benefits or improvements in functional outcomes. The ODG states that Theramine is not recommended for the treatment of chronic pain. Theramine is a medical food 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. The documentation does not reveal extenuating circumstances or dietary/nutritional deficiencies that would necessitate going against guideline recommendations and using this product. The request for Theramine is not medically necessary.