

<b>Case Number:</b>	CM13-0053966		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	12/19/2008
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/08/2013

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in Colorado. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 34 year old male who sustained a work related injury on 12/19/2008 when he fell 12 feet and injured his left knee, right shoulder, lumbar and cervical spine. He has undergone a right shoulder arthroscopy on 9/13/10, and left knee surgery on 3/24/09. The injured worker developed anxiety, depression, sleep and mood disorder due to his physical and inability to work. On 9/27/13 he was seen by a pain medication specialist for a psychosocial evaluation and pharmacological intervention. He was diagnosed with anxiety state, continued physical limitations and was prescribed Sentra AM 60 for cognitive disorder and fatigue, Sentra PM 60 for sleep and depression, Prozac 20mg, and Theramine 90, 1-3x/day for pain. He had stopped taking Ambien and Xanax and reported his stomach was feeling better. He stated he wanted to be off all medication.

### 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 TWC 2013 PAIN 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, Theramine®.

**Decision rationale:** The request for Theramine is not medically necessary. The rationale for why the requested treatment/service is not medically necessary is that Theramine is a food and is not medically recommended by the medical treatment guidelines. It is specifically intended for use in individuals with a specific dietary disease for which specific nutritional requirements have been identified. There has been no identification of such a condition in the injured worker. As such, the request is not medically necessary.