

Case Number:	CM14-0141142		
Date Assigned:	09/10/2014	Date of Injury:	10/23/2008
Decision Date:	10/06/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	09/02/2014

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 Internal Medicine and is licensed to practice in California. 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 58 year old male who reportedly had an industrial injury on 10/23/2008. His formal listed diagnoses include depression, anxiety, sleep disturbance (not otherwise specified), lumbar disk displacement and constipation. On 7/23/2014, the patient was seen by his primary provider who recommended Theramine among other recommendations including gastrointestinal (GI) consultation, psychiatry consultation and discontinuation of non-steroidal anti-inflammatory drugs (NSAID). The patient reported pain with awakening related to his neck and lower back. There were associated paresthesias including numbness. He had stiffness of the lower back, tenderness and limited range of motion. In addition, his straight leg raising test was positive. The patient reported bleeding per rectum. He reported also that he had depression and anxiety related to pain and financial hardship. The injured worker also reported headaches and visual symptoms as if he was blacking out.

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, 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, Theramine

Decision rationale: Theramine is a specialized formula that consists of: Choline bitartrate, L-arginine, L-histidine, L-glutamine, L-serine, GABA, Griffonia seed (95% 5HTP), Whey protein hydrolysate, Grape seed extract (85% polyphenols), cinnamon, and cocoa extract (6% theobromine). Although the purported benefit of Theramine relates to low back pain and chronic pain in modulation of sensory and neural activity, according to the applicable guidelines, there are no high quality studies that attest to the benefit of any of the components of this formula and it is not recommended. There is no sustained or short term improvement in pain or function with this treatment. As such, the treatment is unlikely to be helpful and other mainstream therapies should be optimized before resorting to a modality with questionable benefit. Therefore, this request is not medically necessary.