

Case Number:	CM14-0074562		
Date Assigned:	07/16/2014	Date of Injury:	03/19/2001
Decision Date:	10/08/2015	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/21/2014

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. 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: Georgia, California, Texas
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 61 year old female with an industrial injury dated 03-19-2001. The injured worker's diagnosis includes lumbar radiculopathy. Treatment consisted of Lumbar MRI on 6-19-2013, prescribed medications, urine drug screens, and periodic follow up visits. In a progress note dated 04-17-2014, the injured worker reported left lower back pain with radiation to the buttocks with associated numbness and tingling. Objective findings revealed bilateral tenderness and spasms of the L3-5 paraspinal muscles, decrease lumbar range of motion and tenderness to palpitation of the right patella ligament. The treatment plan consisted of medication management. The treating physician prescribed Theramine #90, now under review.

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, Formulary Goodman and Gilman's The Pharmacological Basis of therapeutics Physician's Desk Reference.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain (Chronic, updated 10/05/15), Theramine®.

Decision rationale: ODG notes: "Theramine is a medical food that contains 5-hydroxytryptophan 95%, choline bitartrate, L-arginine, histidine, L-glutamine, L-serine, gamma-aminobutyric acid (GABA), whey protein concentrates, grape seed extract 85%, cinnamon, and cocoa (theobromine 6%). It is intended for use in the management of pain syndromes that include acute pain, chronic pain, fibromyalgia, neuropathic pain, and inflammatory pain. The proposed mechanism of action is that it increases the production of serotonin, nitric oxide, histamine, and gamma-aminobutyric acid by providing these precursors. (Micromedex, 2015) See Medical food. Under this entry discussions of the various components of this product are given. The entries for 5-hydroxytryptophan, choline bitartrate, L-arginine, histidine, L-glutamine, L-serine and GABA are given and all indicate there is no role for these supplements as treatment for chronic pain." ODG does not recommend Theramine for treatment of chronic pain. Based upon lack of support by evidence-based treatment guidelines, medical necessity is not established for the requested Theramine.