

Case Number:	CM13-0049423		
Date Assigned:	12/27/2013	Date of Injury:	03/10/2009
Decision Date:	11/09/2015	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	11/07/2013

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. 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: California

Certification(s)/Specialty: Emergency 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 51 year old female who sustained an industrial injury 03-10-09. A review of the medical records reveals the injured worker is undergoing treatment for left shoulder impingement. Medical records (09-27-13) reveal the injured worker notes "some improvement "with physical therapy, but he continues to have "some pain." The pain is not rated. The physical exam reveals the range of motion as 150-140-(illegible). The notes are hand written and are difficult to decipher. Prior treatment includes physical therapy, medications, and left shoulder surgery on 06-26-13. The original utilization review (10-10-13) non certified the request for Theramine #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Theramine # 90 for post operative management of left shoulder pain: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - [https://www.acoempracguides.org/Shoulder; Table 2, Summary of Recommendations, Shoulder Disorders, Goodman and Gillman's, The Pharmacological Basis of Therapeutics, 11th ed., McGraw Hill 2006 and ODG Workers Compensation Drug Formulary \(www.odg.twc.com/odgtwc/formulary.htm](https://www.acoempracguides.org/Shoulder; Table 2, Summary of Recommendations, Shoulder Disorders, Goodman and Gillman's, The Pharmacological Basis of Therapeutics, 11th ed., McGraw Hill 2006 and ODG Workers Compensation Drug Formulary (www.odg.twc.com/odgtwc/formulary.htm)

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 is for theramine, which food and drug administration considers a medical food. It is designed to address the nutritional requirements in chronic pain syndromes. The MTUS guidelines do not address medical foods, including theramine. According to the Official Disability Guidelines, there are currently no high quality studies to support the use of theramine. Therefore, without clearly defined medical benefit, the request is not medically necessary.