
Notice of Independent Medical Review Determination

Dated: 9/24/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]
7/16/2013

10/12/2011

7/17/2013

CM13-0001850

- 1) MAXIMUS Federal Services, Inc. has determined the request for Gabadone **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Theramine **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/17/2013 disputing the Utilization Review Denial dated 7/16/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/19/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for Gabadone is **not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Theramine is **not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, 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 treatments and/or services at issue.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 16, 2013:

"PR-2 dated 05/15/13 indicated the claimant os status post anterior and posterior lumber fusion. The claimant overall is doing well and the claimant had gotten benefit from the surgery. Currently, the pain is rated as 2/10 and 4/10 at worst. Provider recommends refill of Norco 2.5-325mg, Anaprox 550mg, Flexeril 7.5mg Protronix. Theramine and Gabadone. The claimaint has been instructed to return for next appointment on 6/19/13 and remains off work."

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review (dated 7/17/2013)
- Utilization Review from [REDACTED] (dated 7/16/2013)
- Medical Records from [REDACTED], MD (dated 9/11/12-10/30/12)
- Medical Records from [REDACTED] (dated 9/13/12)
- Medical Records from [REDACTED] (dated 10/3/12-1/10/13)
- Medical Records from [REDACTED], MD (dated 1/23/13-6/19/13)
- Medical Records from [REDACTED] (dated 3/26/13-4/16/13)
- Medical Records from [REDACTED] (dated 4/8/13-4/9/13)
- Official Disability Guidelines (ODG) (latest version) TWC Pain Chapter

1) Regarding the request for Gabadone:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Official Disability Guidelines (ODG) (latest version) TWC Pain Chapter, which is a Medical Treatment Guideline (MTG), which is not part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found that MTUS does not specifically address this issue at dispute and found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on October 12, 2011. The medical records provided for review indicate the employee is status post-operative surgical intervention to the lumbar spine. The request is for Gabadone.

Official Disability Guidelines (ODG) indicate that medical food is a food which is formulated to be consumed or administered internally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements based on recognized scientific principles are established by medical evaluation. The medical records provided for review do not document a specific rational or objective functional benefit requiring the use of the Gabadone. The request for Gabadone **is not medically necessary and appropriate.**

2) Regarding the request for Theramine:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Official Disability Guidelines (ODG) (latest version) TWC Pain Chapter, which is a Medical Treatment Guideline (MTG), which is not part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found that MTUS does not specifically address this issue and found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on October 12, 2011. The medical records provided for review indicate the employee is status post-operative surgical intervention to the lumbar spine. The request is for Theramine.

Official Disability Guidelines (ODG) indicate that medical food is a food which is formulated to be consumed or administered internally under the supervision of a physician and which is intended for the specific dietary management of a disease or

condition for which distinctive nutritional requirements based on recognized scientific principles are established by medical evaluation. The medical records provided for review do not document a specific rational or objective functional benefit requiring the use of Theramine. The request for Theramine **is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/mbg

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.