

Case Number:	CM13-0027299		
Date Assigned:	03/14/2014	Date of Injury:	05/12/2009
Decision Date:	05/29/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/20/2013

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 Anesthesiology, has a subspecialty in Pain Management 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 patient is an employee of [REDACTED], and has filed a claim for gastroesophageal reflux disease associated with an industrial injury date of May 12, 2009. Treatment the date has included a bilateral shoulder surgery, left the surgery, physical therapy, and medications. Utilization review from August 23, 2013 and denied the request for Gabapentin due to lack of evidence of medical efficacy for use of GABADONE. Medical records from 2013 through 2014 were reviewed showing the patient having controlled gastroesophageal reflux symptoms and bile gastritis in the most recent progress notes. Physical exam was mostly unremarkable except for obesity.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF GABITIDINE #270, DOS: 8/6/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Co-pack drugs and GABADONE.

Decision rationale: Gabitidine is a co-pack drug which includes ranitidine and GABAdone. Page 69 of the California MTUS Chronic Pain Medical Treatment Guidelines state that histamine receptor antagonists, such as ranitidine, may be used for gastrointestinal upsets. The CA MTUS does not address co-pack drugs and GABAdone specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Pain Chapter, Co-pack drugs and GABAdone were used instead. The Official Disability Guidelines state that co-pack drugs are inconvenient packaging of a medical food products any generic drug into a single package that requires a prescription. The Official Disability Guidelines also state that GABAdone is not recommended as it is a medical food with a proprietary blend of choline bitartrate, glutamic acid, 5-hydroxy tryptophan, and GABA. In this case, the patient suffers from gastroesophageal reflux disease which may be addressed by ranitidine. However, there is no discussion as to why ranitidine must be prescribed as a co-pack drug with the non-recommended component, GABAdone. Therefore, the request for Gabitidine is not medically necessary.