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| Case Number: | CM13-0070136 | | |
| Date Assigned: | 01/03/2014 | Date of Injury: | 06/26/2012 |
| Decision Date: | 05/26/2014 | UR Denial Date: | 12/06/2013 |
| Priority: | Standard | Application Received: | 12/24/2013 |

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 41-year-old male with a reported date of injury on 06/26/2012; the mechanism of injury was not provided within the medical records. As per physician's progress note dated 11/20/2013, the injured worker complained of left elbow, wrist, and hand pain and numbness. The injured worker expressed that the pain without medications rated 7-8/10 and with medications rated 3-4/10. The left elbow demonstrated flexion to 130 degrees, and extension to 0 degrees. The diagnoses included a left elbow sprain/strain (841.9), left wrist sprain/strain (842.0), status post left wrist surgery in January 2013 (v45.89), and left wrist carpal tunnel syndrome (354.0). The request for authorization for GABADone #60 was submitted on 12/20/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

GABADONE #60: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), MEDICAL FOOD, GABADONE.

Decision rationale: The injured worker continued to express pain to the left wrist, hand, and elbow. He was prescribed Percocet 10/325mg and was provided with terocin pain patches as a topical analgesic. The injured worker also was noted to have pain rated at 3/10 after pain medication. The GABAdone was intended for use in sleep disorders involving difficulty in falling asleep, maintaining sleep and falling back to sleep. The Official Disability Guidelines indicate that GABAdone is not recommended. According to the Guidelines it is intended to meet the nutritional requirements for sleep and those who are experiencing anxiety-related sleep disorders. GABAdone is a compound medical food which consist of L-glutamate, 5-hydroxytryptophan, choline bitartrate, acetyl-L-glutamate, cocoa powder and ginkgo biloba, which not all components are FDA approved. There was a lack of evidence provided in the clinical notes indicating the injured worker's need for a dietary insufficiency, sleep, anxiety or depression. Additionally, according to the Guidelines, GABAdone is not recommended. Therefore, GABAdone is non-certified.