

Case Number:	CM14-0003557		
Date Assigned:	04/04/2014	Date of Injury:	08/07/2012
Decision Date:	08/29/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/09/2014

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. The expert reviewer is Board Certified in Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for shoulder pain, wrist pain, neck pain, upper back pain, headaches, lower extremity pain, and psychological stress reportedly associated with an industrial injury of August 7, 2012. Portions of the applicant's claim have been administratively contested by the claims administrator, it is incidentally noted. The applicant apparently alleged development of various issues secondary to cumulative trauma at work, it was suggested. In a Utilization Review Report dated December 23, 2013, the claims administrator denied a request for GABADone, an alternative treatment/dietary supplement. 2007 ACOEM Guidelines and the Official Medical Fee Schedule (OMFS) were cited. The applicant's attorney subsequently appealed. In a Medical-Legal Evaluation of June 14, 2013, the applicant was given a 0% whole-person impairment rating, with no permanent work restrictions. On October 7, 2013, acupuncture was ordered. On October 8, 2013, the applicant's primary treating provider noted that the applicant had multifocal pain complaints and placed the applicant off of work, on total temporary disability. Various topical compounds, and dietary supplements were endorsed. Extracorporeal shock wave therapy and topical Terocin were also sought.

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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 125.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Alternative Treatment section.

Decision rationale: The MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines, Chronic Chapter, dietary supplements or alternative treatments such as GABAdone are not recommended in the treatment of chronic pain as they have not been demonstrated to have any meaningful benefits or favorable outcomes in the treatment of the same. No rationale for selection and/or ongoing usage of Gabadone was proffered in the face of the unfavorable ACOEM position on the same. Therefore, the request is not medically necessary.