

<b>Case Number:</b>	CM14-0111830		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	02/08/2007
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	06/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Alabama. 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 a 67 year old male who was injured on 02/08/2007 when his left foot was pinned between two forklifts. Prior treatment history has included home exercise program and heat/ice therapy. Progress report dated 04/17/2014 states the patient reported persistent left leg pain, swelling and burning. He was on Lyrica and Lidoderm patches for neuropathic pain. He was noted to have psychomotor slowing. Review summary dated 06/13/2014 indicates the patient reported symptoms of depression and anxiety as well as sleeplessness since the time of injury. He has been maintained on Prozac. He was being followed by his psychiatrist and psychologist. He is diagnosed with depressive disorder and mild obstructive apnea. Prior utilization review dated 06/14/2014 states the request for Gaboxetine (Gabadone and Fluoxetine) Fluoxetine 20mg Qty 15 is modified to certify Fluoxetine 20 mg #15 to allow for weaning.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gaboxetine (Gabadone and Fluoxetine) Fluoxetine 20mg Qty: 15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Selective Serotonin Reuptake Inhibitors.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Gabadone

**Decision rationale:** The above guidelines for Gabadone state "not recommended. Gabadone is a medical food from [REDACTED], [REDACTED], California. It is intended to meet the nutritional requirements for inducing sleep, promoting restorative sleep and reducing snoring in patients who are experience anxiety related sleep disorders." In this case, the Gaboxetine is a combination of Gabadone and Fluoxetine. Because Gabadone is not recommended by the guidelines, and I am asked to make a decision of whether the request is or is not medically necessary, and not a decision to modify the order, the decision is to adhere to the guidelines and not recommend Gaboxetine being that it contains Gabadone which is not recommended. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.