

Case Number:	CM14-0113295		
Date Assigned:	08/01/2014	Date of Injury:	07/14/2011
Decision Date:	09/23/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/18/2014

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 Family Practice 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:

44 yr. old female claimant sustained a work related injury on 7/14/11 involving the right shoulder, wrists and neck. She was diagnosed with right shoulder adhesive capsulitis and carpal tunnel syndrome. She underwent shoulder surgery and carpal tunnel release. In addition, she was diagnosed with cervical radiculopathy and cephalgia. She had undergone pain management, physical therapy and acupuncture treatment. A progress note on 5/29/14 indicated the claimant had continued headaches, neck pain and difficulty sleeping. Exam findings were notable for pain with cervical compression. Range of motion of the cervical spine was reduced. A spine surgeon evaluation was recommended. On 6/10/14, a request was made for Gabadone and Sentra AM without supporting information.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gaboxetine (Gabadone & Fluoxetine) Qty 90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Chronic Pain-medical food US National Institutes of Health (NIH) National Library of Medicine (NLH) pub med 2010.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Medical Foods.

Decision rationale: Gabadone is a medical food that contains Glutamic Acid, GABA, Hydroxytryptophan, Choline, Protein, etc. Fluoxetine is an antidepressant. According to the ODG guidelines, the ingredients contained in Gabadone are not indicated for neck pain, shoulder pain or sleep. Choline is used for liver insufficiency and Gaba is intended for spasticity. Fluoxetine is not indicated for the claimant's symptoms. Therefore, the Gaboxetine is not medically necessary.

Sentra AM Qty 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Chronic Pain-medical food US National Institutes of Health (NIH) National Library of Medicine (NLH) pub med 2010.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Medical Foods.

Decision rationale: Sentra is a medical food that contains amino acids used to restore sleep. According to the ODG guidelines, amino acids may be used for heart disease or metabolic syndrome. They are not indicated for the claimant's diagnosis. In addition, there are no notes to indicate the reasoning of Sentra use. Therefore Sentra AM is not medically necessary.