

<b>Case Number:</b>	CM14-0155671		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	03/16/2012
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	08/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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 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:

This is a 49-year-old male patient who reported an industrial injury on 3/16/2012, 31 months ago, attributed to the performance of his usual and customary job tasks reported as working with wood chips and experiencing a progressive onset of wheezing and shortness of breath. The patient is diagnosed with asthma and aspergillosis. The AME report indicated that the patient had recurrent chest tightness, shortness of breath, and dyspnea on exertion with wheezing. The patient was assessed as having asthma with requirements of moderately strong anti-asthmatic regimen and recurrent respiratory tract infections requiring antibiotics. The treatment recommendations included access to a pulmonologist or physician trained in respiratory tract disease management including access to inhaled corticosteroids or inhaled bronchodilators. The patient was reported to have issues with sleeping. The treatment plan included a prescription for the medical food GABAdone #60 120 units.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabadone 120 unit #60 for date of service 5/14/13: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter- insomnia treatment; medical foods

**Decision rationale:** There was no objective evidence provided to support the medical necessity of the use of the prescribed medical food Gabadone for the industrial treatment of the patient over the recommendations of the currently accepted treatment guidelines. There was no demonstrated medical necessity for a medical food as a sleep aid for the diagnoses provided. The use of medical foods is not recommended by the CA MTUS or the Official Disability Guidelines due to the lack of peer-reviewed evidence based medicine; demonstrated short-term effects; lack of demonstrated bioavailability; and significant side effects. There is no demonstrated insomnia for this patient in relation to the effects of the industrial injury. There is no provided objective evidence to support the use of GABAdone for the effects of the industrial injury. There is no demonstrated medical necessity for the treatment of reported insomnia 31 months after the DOI. There is no documentation of alternatives other than Gabadone have been provided for insomnia or that the patient actually requires sleeping pills. The patient is not documented with objective evidence to have insomnia or a sleep disorder at this point in time or that conservative treatment is not appropriate for treatment. There is no evidence that sleep hygiene, diet and exercise have failed for the treatment of sleep issues. There is no demonstrated failure of the multiple sleep aids available OTC. The request for authorization of Gabadone for sleep is not demonstrated to be medically necessary for the treatment of the patient. There is no objective medically based evidence provided to support the medical necessity of the prescribed medical foods in the treatment of the patient. There is no evidence provided to support the diagnosis of insomnia or the conservative treatment methods attempted to treat the diagnosis. There are no conventional methods or prescriptions identified as initial treatment or the failure of conventional treatment. There is no objective evidence provided to support the medical necessity of Gabadone for the treatment of insomnia. The prescription of the medical food GABAdone #60 is not demonstrated to be medically necessary.