MAXIMUS Federal Services

Case Number:	CM14-0164813		
Date Assigned:	10/09/2014	Date of Injury:	11/22/2006
Decision Date:	11/24/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	10/07/2014

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:

There were 323 pages provided for this review. The Application for Independent Medical Review was signed on September 30, 2014. The request was for Gabadone, number 60, Sentra AM number 60, and Sentra PM number 60. There was a peer review from August 28, 2014. Per the records provided, the claimant is described as a female injured back in the year 2006. She has cervical disc displacement and brachial neuritis. The only medical document provided was a request for the authorization for the various medicines. There were also notes documenting depression, anxiety, hearing voices and general paranoia. She was employed by [redacted] as a crew shift leader for about seven years. On November 22, 2006 an employee grabbed the neck and hit the claimant repetitively on his back. The claimant was rendered unconscious for a few seconds. There were sharp pain and numbness in the neck, throat, right upper extremity and back. The claimant went to [redacted] for evaluation. The claimant sought legal assistance and was referred to a psychologist because of having anxiety and difficulty sleeping. He also had three epidural steroid injections and several MRIs. The claimant also went to a psychiatrist. The claimant continues with stabbing pain and numbness in the neck back and right shoulder.

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), Pain Section, under Medical Foods

Decision rationale: The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined.The ODG rates GABAdone as not recommended. It is a medical food from [redacted], that is a proprietary blend of Choline Bitartrate, Glutamic Acid, 5-Hydroxytryptophan, and GABA. The substance is made up agents with little to no proven effectiveness. One is Choline, which is a precursor of acetylcholine. There is no known medical need for choline supplementation except for the case of long-term parenteral nutrition or for individuals with choline deficiency secondary to liver deficiency. This request is not medically necessary, based on a lack of mainstream, large scale, peer reviewed studies demonstrating effectiveness for injured worker populations.

Sentra AM # 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) under Pain, Medical Foods

Decision rationale: The ODG notes under Pain, Medical Food: Sentra AM: Contains Choline and other agents in a proprietary formula. Choline is a precursor of acetylcholine. There is no known medical need for choline supplementation except for the case of long-term parenteral nutrition or for individuals with choline deficiency secondary to liver deficiency. There is inconclusive evidence that this product is indicated for an endurance aid, memory, seizures, and transient ischemic attacks. There is no evidence this claimant had a deficiency in these and other components of Sentra AM. The request is not medically necessary under the evidence-based review.

Sentra PM # 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) Pain section, under Medical Foods

Decision rationale: Sentra PM contains Choline and other agents in a proprietary formula. Choline is a precursor of acetylcholine. There is no known medical need for choline supplementation except for the case of long-term parenteral nutrition or for individuals with choline deficiency secondary to liver deficiency. The patient does not meet this criterion. There is inconclusive evidence that this product is indicated for an endurance aid, memory, seizures, and transient ischemic attacks. This request is not medically necessary under evidence-based review.