MAXIMUS Federal Services

Case Number:	CM14-0020594		
Date Assigned:	04/30/2014	Date of Injury:	10/05/2012
Decision Date:	07/08/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/19/2014

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 chronic pain syndrome, chronic low back pain, and chronic neck pain reportedly associated with an industrial injury of October 15, 2012. Thus far, the claimant has been treated with the following: Analgesic medications, attorney representation; transfer of care to and from various providers in various specialties; dietary supplements/medical foods; unspecified amounts of acupuncture over the life of the claim; topical compounds; and extensive periods of time off of work. In a Utilization Review Report dated January 27, 2014, the claims administrator denied request for GABAdone and Sentra, dietary supplements, citing non-MTUS ODG Guidelines. In a September 19, 2013 progress note, the attending provider placed the claimant off of work, on total temporary disability, owing to issues with chronic neck, mid back, and low back pain. A variety of topical compounds and nutritional supplements/dietary foods were endorsed, including Genicin, Somnicin, Gabacyclotram, Terocin, GABAdone, etc. On a December 2, 2013 progress note, the attending provider again placed the claimant off of work, on total temporary disability, and furnished the claimant with prescriptions for cyclobenzaprine, Theramine, Sentra, and GABAdone.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR GABADONE #60 DOS:1/6/14: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 of dietary supplements or alternative treatments such as GABAdone. As noted in the Third Edition ACOEM Guidelines, complementary treatments, dietary supplements, and/or alternative treatments such as GABAdone are not recommended in the treatment of chronic pain as they have no proven outcomes in the treatment of the same. Therefore, the retrospective request for Gabadone # 60, DOS 1/16/14 is not medically necessary and appropriate.

RETROSPECTIVE REQUEST FOR SENTRA PM #60 DOS: 1/6/14: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: As noted in the Third Edition ACOEM Guidelines, complementary treatments, alternative treatments, and/or dietary supplements such as Sentra are not recommended in the treatment of chronic pain as they have no proven outcomes in the treatment of the same. In this case, it is further noted that the applicant has received Sentra and GABAdone, despite the unfavorable ACOEM recommendation. The employee has, however, failed to demonstrate any lasting benefit or functional benefit or functional improvement despite ongoing usage. The employee remains off of work, on total temporary disability. The employee remains highly reliant and highly dependent on various forms of medical treatment, including physical therapy, topical compounded drugs, acupuncture, etc. Therefore, the retrospective request for Sentra PM # 60, DOS 1/16/14 is not medically necessary and appropriate.