

Case Number:	CM14-0047240		
Date Assigned:	07/02/2014	Date of Injury:	05/07/2004
Decision Date:	08/22/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/15/2014

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 Arizona. 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:

Patient is a 62-year-old with a date of injury on May 7, 2004. Subjective complaints are of low back and neck pain. It is also noted that patient was getting a dry mouth from Elavil, and it would be discontinued. Physical exam shows stable vital signs. No other exam findings were recorded. Current medications include Lyrica, Gabadone, Nucynta, Zanaflex, Cidaflex, Ketoflex, and Theramine. Submitted documentation indicates that Gabadone was to be used for insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown prescription of Gabadone: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines GABAdone-Medical food from Physian Therapeutics, Los Angeles, CA that is a proprietary blend of Choline Bitartrate, Glutamic Acid, 5-Hydroxytryptophan, and GABA.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PAIN, GABADONE, MEDICAL FOOD.

Decision rationale: The ODG indicates that Gabadone is a medical food that is a proprietary blend of Choline Bitartrate, Glutamic Acid, 5-Hydroxytryptophan, and Gabadone. It is intended to meet the nutritional requirements for inducing sleep, promoting restorative sleep and reducing snoring in patients who are experiencing anxiety related to sleep disorders. For Choline the ODG states that there is no known medical need for choline supplementation. For Gabadone there is no high quality peer-reviewed literature that suggests that Gabadone is indicated for treatment of insomnia. Therefore, the request for an unknown prescription of Gabadone is not medically necessary or appropriate.