

<b>Case Number:</b>	CM14-0057377		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	05/29/2001
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 injured worker is a 47 year-old male who was reportedly injured on 5/29/2001. The mechanism of injury is not listed in these records reviewed. No progress note were submitted for review, therefore the utilization review dated 4/17/2014 was used to elicit information on the patient's condition. No recent treatment notes were submitted for review concerning the patient's findings during physical examination. No recent diagnostic studies were available for review. Previous treatment includes medications, and conservative treatment. A request was made for Gabadone #60, Trepadone #120, and Prilosec 20mg #30 and was not certified in the pre-authorization process on 4/17/2014.13905

### 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: Pain ( Chronic )

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment, Integrated Treatment/Disability Duration Guidelines, Pain (Chronic), Medical Food, Updated July 10 2014.

**Decision rationale:** Gabadone is a medical food formulated to meet the nutritional requirements for inducing sleep, promoting restorative sleep and reducing snoring in patients who are experiencing anxiety related to sleep disorders. After review of medical records and Official Disability Guidelines do not recommend the use of this medication. There was not significant documentation from the treating physician for justification of continued use of this medication. Therefore it is deemed not medically necessary.

**Trepadone#120:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment, Integrated Treatment/Disability Duration Guidelines, Pain (Chronic), Medical Food, Updated July 10 2014.

**Decision rationale:** Trepadone is a medical food intended for use in the management of joint disorders associated with pain and inflammation. After review of medical records and Official Disability Guidelines do not recommend the use of this medication. There was not significant documentation from the treating physician for justification of continued use of this medication. Therefore it is deemed not medically necessary.

**Prilosec 20mg # 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID , GI symptoms & Cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**Decision rationale:** California Medical Treatment Utilization Schedule Guidelines recommend proton pump inhibitors for patients taking non-steroidal anti-inflammatory drugs with documented gastrointestinal (GI) distress symptoms, which are not documented in this patient. Therefore, based on the currently available information, the medical necessity for this GI protective medication has not been established in the records that were legible or understandable. Therefore, when noting the limited medications outlined there is insufficient data presented to support this request. Therefore, this request is not medically necessary.