

<b>Case Number:</b>	CM14-0061997		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	10/21/2012
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 records presented for review, indicate that this 28-year-old male was reportedly injured on 10/21/2012. The mechanism of injury was listed as a fall off of a ladder. The most recent progress note, dated 6/9/2014, indicates there were ongoing complaints of low back pain radiating to the right lower extremity, left knee pain and right ankle/foot pains. Physical examination demonstrated lumbar spine range motion: Flexion 45, extension 10 and right/left lateral flexion 15. Left knee range of motion: Flexion 110, extension 0; right ankle range of motion: dorsiflexion 20, lateral flexion 35, inversion 25 and eversion 15. Right ankle swelling. No diagnostic imaging studies were presented for review. Previous treatment included physical therapy and medications to include compounding creams. A request was made for GABADONE #60 and was not certified in the utilization review on 3/1/2014.

### 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 GUIDE LINES, PAIN CHAPTER: MEDICAL FOOD.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG -TWC/ODG Integrated Treatment/Disability Duration Guidelines: Pain (Chronic) - GABAdone (updated 07/10/14).

**Decision rationale:** MTUS/ACOEM practice guidelines do not address GABAdone. Official Disability Guidelines list GABAdone as a medical food and specifically state in the guidelines that it is not recommended. It is a combination of choline bitartrate, glutamic acid, 5-hydrotryptophan, and GABA used for sleep; however, there were no competent evidence-based medicine citations presented (or discovered in a cursory literature search) to support its use. As such, it is not considered medically necessary.