

Case Number:	CM14-0067821		
Date Assigned:	07/11/2014	Date of Injury:	05/31/2012
Decision Date:	09/10/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/12/2014

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 New Jersey. 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 worker is a 49 year old female who was injured on 5/31/2012. She was diagnosed with left carpal tunnel syndrome, left wrist sprain/strain, and cervical spine injury with left-sided radiculopathy, stress/anxiety/depression, and secondary sleep deprivation. She was treated with physical therapy, medications, wrist splint, psychologist visits, and chiropractor visits, sleep aids including Zolpidem, antidepressants, and Benzodiazepines. Prior to this request, the worker reported having 8 hours of sleep on an average night, but with 30-60 minutes of waking up in the middle of the night before going back to sleep. On 4/4/14, a request was made for the worker to use Gabadone, a medical food product for the treatment of insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

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: Integrated Treatment/Disability Duration Guidelines Pain (Chronic) -Medical Food.

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, Medical food AND GABADone Other Medical Treatment Guideline or Medical Evidence:

Physician Therapeutics, Medical Foods, Gabadone:
(<http://www.physiciantherapeutics.com/medical-foods-products.php>).

Decision rationale: Gabadone is a medical food product which includes the following ingredients: 5-Hydroxytryptophan, choline bitartrate, gamma aminobutyric acid, cocoa extract, l-glutamic acid, whey protein, griffonia extract, valerian root, acetyl l-carnitine, ginkgo biloba, and grape seed extract, which are all generally recognized as safe. Gabadone is formulated for the treatment of sleep disorders. The California Medical Treatment Utilization Schedule (MTUS) is silent in regards to Gabadone. The Official Disability Guidelines (ODG) states that some individual medical foods may be recommended in special circumstances where there is a clear nutritional deficiency. However, Gabadone is not recommended by the ODG. None of these ingredients found in Gabadone, however, are considered first-line therapy for sleep disorders, mostly due to limited quality studies. Since the specific product, Gabadone, includes multiple ingredients that together have even less evidence of benefit and safety, it is unreasonable to suggest this as an approved product for recommendation. Therefore, the Gabadone is not medically necessary.