

Case Number:	CM14-0094058		
Date Assigned:	07/25/2014	Date of Injury:	05/30/2013
Decision Date:	09/09/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/20/2014

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 records presented for review indicate that this 36 year-old male was reportedly injured on 5/30/2013. The mechanism of injury is undisclosed. The most recent progress note dated 5/13/2014 indicate that there are ongoing complaints of low back pain that radiates into both legs. Objective findings documented included normal vital signs and a Urine Drug Screen (UDS) dated 4/22/2014 which was negative for all medications. No recent diagnostic imaging studies were available for review. Diagnoses are listed as lumbar radiculopathy, myofascial syndrome, and herniated lumbar disk. Previous treatment includes chiropractic physiotherapy, transcutaneous electrical nerve stimulation (TENS) unit, and medications to include Tramadol, Gabapentin and several medical food supplements. A request was made for GABADone quantity of 60, Trepadone quantity of 120, and Theramine quantity of 120 which were not found to be medically necessary in the utilization review on 6/3/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabadone two (2) QHS #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.

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: Official Disability Guidelines (ODG) 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 is 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.

Treadone two (2) BID #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.

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

Decision rationale: Official Disability Guidelines (ODG) does not support or recommend the use of Treadone. Treadone is a medical food that is a proprietary blend of L arginine, L glutamine, choline bitartrate, L serine and gammaaminobutyric acid [GABA] Intended for use in the management of joint disorders associated with pain and inflammation. Given the lack of clinical data and efficacy, it is considered experimental and not considered medically necessary.

Theramine two (2) BID #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.

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

Decision rationale: Official Disability Guidelines (ODG) does not support or recommend the use of Theramine. Theramine is a medical food that is a proprietary blend of gamma aminobutyric acid (GABA) and choline bitartrate, L arginine, and L serine. Given the lack of clinical data and efficacy, it is considered experimental and not medically necessary.