

Case Number:	CM14-0099688		
Date Assigned:	07/28/2014	Date of Injury:	06/12/2003
Decision Date:	09/23/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	06/30/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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:

According to the records made available for review, this is a 48-year-old female with a 6/12/03 date of injury. At the time (5/27/14) of request for authorization for Gabadone #60, there is documentation of subjective (neck pain, bilateral shoulder pain, bilateral wrist pain, low back pain, and depression) and objective (persisting pain and tenderness to the cervical spine, thoracic spine, lumbar spine, shoulders, and wrists) findings, current diagnoses (cervical sprain/strain, thoracic sprain/strain, bilateral wrist carpal tunnels syndrome, and anxiety), and treatment to date (physical therapy and Naproxen). In addition, medical report identifies a request for medical foods (Gabadone). There is no documentation of sleep disorders associated with anxiety and that the product is labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; and will be used under medical supervision.

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, Treatment Index, 12th Edition(web), 2014, Pain- Medical food US National Institutes of health(NIH) National Library of Medicine(NLM) PubMed, 2014, (<http://www.ncbi.nlm.nih.gov/pumед/>).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Medical Food.

Decision rationale: An online source identifies Gabadone as a Medical Food, consisting of a proprietary formulation of amino acids and polyphenol ingredients in specific proportions, for the nutritional management of the altered metabolic processes of sleep disorders associated with anxiety. The MTUS does not address the issue. The ODG identifies that the product must be a food for oral or tube feeding; must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; and must be used under medical supervision; as criteria to support the medical necessity of medial food. Within the medical information available for review, there is documentation of diagnoses of cervical sprain/strain, thoracic sprain/strain, bilateral wrist carpal tunnels syndrome, and anxiety. In addition, there is documentation that the product is a food for oral feeding. However, despite documentation of depression and anxiety, there is no documentation of sleep disorders associated with anxiety. In addition, there is no documentation that the product is labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; and will be used under medical supervision. Therefore, based on guidelines and a review of the evidence, the request for Gabadone #60 is not medically necessary.