

<b>Case Number:</b>	CM14-0171667		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	06/03/2012
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 patient is a 63 year old female with an injury date of 06/03/12. Based on the 06/27/14 progress report provided by treating physician, the patient complains of low back pain rated 6/10 and left foot pain. Physical examination to the lumbar spine on 06/27/14 revealed myospasm and tenderness to palpation to the paravertebral muscles. Range of motion was normal with decreased Flexion 60 degrees. Kemp's caused pain. Examination to the left foot revealed tenderness to palpation to the heel/plantar aspect. SOAP Notes from 03/12/14 to 08/06/14 were submitted by chiropractic provider showing patient has had acupuncture and physical therapy treatment modalities; that included electric acupuncture, infrared, myofascial release, electrical stim and ultrasound. LINT, trigger point impedance imaging reports dated 05/21/14 to 06/24/14 were submitted. Patient's medications on 03/21/14 included Ibuprofen, Prilosec, Flexeril and topical lotion. Patient's medications on 06/27/14 included Ibuprofen, Prilosec, Theramine, Sentra AM, and Sentra PM. The patient is off work until 08/11/14. Diagnosis 06/27/14- Lumbar disc protrusion- myofascitis- Lumbar sprain/strain- left foot bursitis- left foot pain- left foot sprain/strainThe utilization review determination being challenged is dated 09/22/14. Treatment reports were provided from 03/12/14 -07/31/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **Acupuncture 1 x 6 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation BMJ Publishing Group, Ltd: London England. Title 8, California Code of Regulations, article 5.52 Medical Treatment Utilization Schedule

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The patient presents with low back pain rated 6/10 and left foot pain. The request is for ACUPUNCTURE 1X6 WEEKS. Patient's diagnosis on 06/27/14 included lumbar disc protrusion, myofascitis and left foot bursitis. Physical examination to the lumbar spine on 06/27/14 revealed myospasm and tenderness to palpation to the paravertebral muscles. Range of motion was normal with decreased Flexion 60 degrees. Kemp's caused pain. Examination to the left foot revealed tenderness to palpation to the heel/plantar aspect. LINT, trigger point impedance imaging reports dated 05/21/14 to 06/24/14 was submitted. Patient's medications on 03/21/14 included Ibuprofen, Prilosec, Flexeril and topical lotion. Patient's medications on 06/27/14 included Ibuprofen, Prilosec, Theramine, Sentra AM, and Sentra PM. The patient is off work until 08/11/14. 1. Acupuncture Medical Treatment Guidelines. MTUS pg. 13 of 127 states: "(i) Time to produce functional improvement: 3 to 6 treatments (ii) Frequency: 1 to 3 times per week (iii) Optimum duration: 1 to 2 months' (D) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e)." Treater has not provided reason for the request. SOAP Notes from 03/12/14 to 08/06/14 were submitted by chiropractic provider showing patient has had acupuncture and physical therapy treatment modalities; that included electric acupuncture, infrared, myofascial release, electrical stim and ultrasound. MTUS requires documentation of functional improvement, defined by labor code 9792.20(e) as significant change in ADL's, or change in work status AND reduced dependence on other medical treatments. In this case, treater has not documented functional improvement; there are no discussions regarding ADL's change in work status and reduction in medication use, for example. Therefore, the request IS NOT medically necessary.

### **Chiropractic Manipulation 1 x 6 weeks: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation BMJ Publishing Group, Ltd.; London, England

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59; 8.

**Decision rationale:** The patient presents with low back pain rated 6/10 and left foot pain. The request is for chiropractic manipulation 1x6 weeks. Patient's diagnosis on 06/27/14 included lumbar disc protrusion, myofascitis and left foot bursitis. Physical examination to the lumbar spine on 06/27/14 revealed myospasm and tenderness to palpation to the paravertebral muscles. Range of motion was normal with decreased Flexion 60 degrees. Kemp's caused pain. Examination to the left foot revealed tenderness to palpation to the heel/plantar aspect. LINT, trigger point impedance imaging reports dated 05/21/14 to 06/24/14 was submitted. Patient's

medications on 03/21/14 included Ibuprofen, Prilosec, Flexeril and topical lotion. Patient's medications on 06/27/14 included Ibuprofen, Prilosec, Theramine, Sentra AM, and Sentra PM. The patient is off work until 08/11/14. MTUS recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. MTUS page 8 also requires that the treater monitor the treatment progress to determine appropriate course of treatments. Treater has not provided reason for the request. UR letter dated 09/22/14 states "...medical necessity for chiropractic manipulation is not apparent." SOAP Notes from 03/12/14 to 08/06/14 were submitted by chiropractic provider showing patient has had acupuncture and physical therapy treatment modalities; that included electric acupuncture, infrared, myofascial release, electrical stim and ultrasound. In this case, chiropractic treatment history is not known. Given that review of current reports make no reference to a recent course of chiropractic manipulation, a short course of 6 sessions is reasonable and within guideline indications. Therefore, the request IS medically necessary.

**ESWT ( Extracorporeal shockwave therapy) 2 x 6 weeks: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Cambell's Operative Orthopedics

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 235. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (Acute & Chronic) Chapter, extracorporeal shock wave therapy (ESWT).

**Decision rationale:** The patient presents with low back pain rated 6/10 and left foot pain. The request is for Extracorporeal shockwave therapy (ESWT) 2x6 weeks. Patient's diagnosis on 06/27/14 included lumbar disc protrusion, myofascitis and left foot bursitis. Physical examination to the lumbar spine on 06/27/14 revealed myospasm and tenderness to palpation to the paravertebral muscles. Range of motion was normal with decreased Flexion 60 degrees. Kemp's caused pain. Examination to the left foot revealed tenderness to palpation to the heel/plantar aspect. SOAP Notes from 03/12/14 to 08/06/14 were submitted by chiropractic provider showing patient has had acupuncture and physical therapy treatment modalities; that included electric acupuncture, infrared, myofascial release, electrical stim and ultrasound. LINT, trigger point impedance imaging reports dated 05/21/14 to 06/24/14 was submitted. Patient's medications on 03/21/14 included Ibuprofen, Prilosec, Flexeril and topical lotion. Patient's medications on 06/27/14 included Ibuprofen, Prilosec, Theramine, Sentra AM, and Sentra PM. The patient is off work until 08/11/14. The ACOEM Guidelines page 235 states the following regarding extracorporeal shockwave therapy, "Published randomized clinical trials are needed to provide better evidence for the use of many physical therapy modalities that are commonly employed. Some therapists use a variety of procedures. Conclusions regarding their effectiveness may be based on anecdotal reports or case studies. Included among these modalities is extracorporeal shockwave therapy (ESWT)."ODG-TWC, Ankle & Foot (Acute & Chronic) Chapter, under extracorporeal shock wave therapy (ESWT) states: "Not recommended

using high energy ESWT. Recommended using low energy ESWT as an option for chronic plantar fasciitis, where the latest studies show better outcomes without the need for anesthesia."Guidelines do not support the use of ESWT for ankle or lumbar conditions. It is considered anecdotal and is still considered under study. Therefore, the request for ESWT for IS NOT medically necessary.

**LINT (Localized intense neurostimulation therapy) 1 x every 6 weeks x 6 visits:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Cambell's Operative Orthopedics

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter on hyperstimulation analgesia.

**Decision rationale:** The patient presents with low back pain rated 6/10 and left foot pain. The request is for Localized intense neurostimulation therapy (LINT) 1x every 6 weeks x 6 visits. Patient's diagnosis on 06/27/14 included lumbar disc protrusion, myofascitis and left foot bursitis. Physical examination to the lumbar spine on 06/27/14 revealed myospasm and tenderness to palpation to the paravertebral muscles. Range of motion was normal with decreased Flexion 60 degrees. Kemp's caused pain. Examination to the left foot revealed tenderness to palpation to the heel/plantar aspect. SOAP Notes from 03/12/14 to 08/06/14 were submitted by chiropractic provider showing patient has had acupuncture and physical therapy treatment modalities; that included electric acupuncture, infrared, myofascial release, electrical stim and ultrasound. Patient's medications on 03/21/14 included Ibuprofen, Prilosec, Flexeril and topical lotion. Patient's medications on 06/27/14 included Ibuprofen, Prilosec, Theramine, Sentra AM, and Sentra PM. The patient is off work until 08/11/14. The MTUS and ACOEM Guidelines do not address this request. However, ODG under the low back chapter on hyperstimulation analgesia states, "Not recommended until there are higher quality studies. Initial results are promising, but only from two low quality studies...." Treater has not provided reason for the request. LINT, trigger point impedance imaging reports dated 05/21/14 to 06/24/14 was submitted. However, the requested localized intense neurostimulation therapy is not supported by ODG Guidelines. Therefore, the request for LINT IS NOT medically necessary.

**Physical Therapy 1 x 6 weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation BMJ Publishing Group, Ltd; London, England

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98, 99.

**Decision rationale:** The patient presents with low back pain rated 6/10 and left foot pain. The request is for physical therapy 1 x 6 weeks. Patient's diagnosis on 06/27/14 included lumbar disc

protrusion, myofascitis and left foot bursitis. Physical examination to the lumbar spine on 06/27/14 revealed myospasm and tenderness to palpation to the paravertebral muscles. Range of motion was normal with decreased Flexion 60 degrees. Kemp's caused pain. Examination to the left foot revealed tenderness to palpation to the heel/plantar aspect. Patient's medications on 03/21/14 included Ibuprofen, Prilosec, Flexeril and topical lotion. Patient's medications on 06/27/14 included Ibuprofen, Prilosec, Theramine, Sentra AM, and Sentra PM. The patient is off work until 08/11/14. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." SOAP Notes from 03/12/14 to 08/06/14 were submitted by chiropractic provider showing patient has had acupuncture and physical therapy treatment modalities; that included electric acupuncture, infrared, myofascial release, electrical stim and ultrasound. Treater does not discuss any flare-ups, explain why on-going therapy is needed, or reason the patient is unable to transition into a home exercise program. Furthermore, the request for additional 6 sessions would exceed MTUS guideline recommendation. Therefore, the request IS NOT medically necessary.

**Toxicology Testing 1 x every 6 weeks x 6 visits:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG). Cambell's Operative Orthopedics

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioid management Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Urine drug testing.

**Decision rationale:** The patient presents with low back pain rated 6/10 and left foot pain. The request is for toxicology testing 1x every 6 weeks x6 visits. Patient's diagnosis on 06/27/14 included lumbar disc protrusion, myofascitis and left foot bursitis. Physical examination to the lumbar spine on 06/27/14 revealed myospasm and tenderness to palpation to the paravertebral muscles. Range of motion was normal with decreased Flexion 60 degrees. Kemp's caused pain. Examination to the left foot revealed tenderness to palpation to the heel/plantar aspect. SOAP Notes from 03/12/14 to 08/06/14 were submitted by chiropractic provider showing patient has had acupuncture and physical therapy treatment modalities; that included electric acupuncture, infrared, myofascial release, electrical stim and ultrasound. LINT, trigger point impedance imaging reports dated 05/21/14 to 06/24/14 was submitted. Patient's medications on 03/21/14 included Ibuprofen, Prilosec, Flexeril and topical lotion. Patient's medications on 06/27/14 included Ibuprofen, Prilosec, Theramine, Sentra AM, and Sentra PM. The patient is off work until 08/11/14. MTUS p77, under opioid management: (j) "Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." ODG has the following criteria regarding Urine Drug Screen: "Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected

results. If required, confirmatory testing should be for the questioned drugs only. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders."Urine drug screen report dated 06/27/14 has been provided. Treater has not provided discussion regarding the patient's adverse behavior with opiates use. Given the patient's current opiate use, UDS's once or twice per year on a random basis is supported by ODG guidelines. However, the request is for 6 toxicology tests, once every 6 weeks is not supported by the guidelines. Therefore, this request IS NOT medically necessary.

**VSNCT (nerve conduction testing): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).  
Cambell's Operative Orthopedics

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Clinical Policy Bulletin: Quantitative Sensory Testing Methods Policy Number: 0357 (Replaces CPB 385) published medical literature [http://www.aetna.com/cpb/medical/data/300\\_399/0357.html](http://www.aetna.com/cpb/medical/data/300_399/0357.html).

**Decision rationale:** The patient presents with low back pain rated 6/10 and left foot pain. The request is for VSNCT (Nerve Conduction Testing). Patient's diagnosis on 06/27/14 included lumbar disc protrusion, myofascitis and left foot bursitis. Physical examination to the lumbar spine on 06/27/14 revealed myospasm and tenderness to palpation to the paravertebral muscles. Range of motion was normal with decreased Flexion 60 degrees. Kemp's caused pain. Examination to the left foot revealed tenderness to palpation to the heel/plantar aspect. SOAP Notes from 03/12/14 to 08/06/14 were submitted by chiropractic provider showing patient has had acupuncture and physical therapy treatment modalities; that included electric acupuncture, infrared, myofascial release, electrical stim and ultrasound. LINT, trigger point impedance imaging reports dated 05/21/14 to 06/24/14 was submitted. Patient's medications on 03/21/14 included Ibuprofen, Prilosec, Flexeril and topical lotion. Patient's medications on 06/27/14 included Ibuprofen, Prilosec, Theramine, Sentra AM, and Sentra PM. The patient is off work until 08/11/14. For EMG, ACOEM Guidelines page 303 states "Electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks." Regarding VSNCT, AETNA has the following: "Aetna considers voltage-actuated sensory nerve conduction threshold (VsNCT) testing (e.g., by means of the Medi-Dx 7000 or the Neural-Scan) experimental and investigational because its clinical value has not been established in the peer-reviewed published medical literature."[http://www.aetna.com/cpb/medical/data/300\\_399/0357.html](http://www.aetna.com/cpb/medical/data/300_399/0357.html). Clinical Policy Bulletin: Quantitative Sensory Testing Methods Policy Number: 0357 (Replaces CPB 385) I. Aetna considers quantitative sensory testing (QST), also known as pressure-specified sensory device testing, experimental and investigational for the evaluation of musculoskeletal pain, the management of individuals with neuropathy, prediction of the response to opioid treatment, or any other diagnoses because its diagnostic value has not been established.II. Aetna considers

current perception threshold (CPT) testing experimental and investigational because the effectiveness and clinical applicability of this testing in diagnosing and/or managing diabetic peripheral neuropathy or other diseases has not been established. III. Aetna considers voltage-actuated sensory nerve conduction threshold (VsNCT) testing (e.g., by means of the Medi-Dx 7000 or the Neural-Scan) experimental and investigational because its clinical value has not been established in the peer-reviewed published medical literature. Treater has not provided reason for the request. UR letter dated 09/22/14 states "...there is no documentation of any neurological examination to suggest that there is any focal or reasonable expectation for findings in sensory, motor or reflex changes in not apparent." ACOEM supports EMG for patients presenting with low back pain. However, VsNCT is not a conventional EMG or NCV studies. VsNCT is experimental and not supported by any of the guidelines. The request IS NOT medically necessary.

**Theramine #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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, Theramine.

**Decision rationale:** The patient presents with low back pain rated 6/10 and left foot pain. The request is for Sentra AM. Patient's diagnosis on 06/27/14 included lumbar disc protrusion, myofascitis and left foot bursitis. Physical examination to the lumbar spine on 06/27/14 revealed myospasm and tenderness to palpation to the paravertebral muscles. Range of motion was normal with decreased Flexion 60 degrees. Kemp's caused pain. Examination to the left foot revealed tenderness to palpation to the heel/plantar aspect. SOAP Notes from 03/12/14 to 08/06/14 were submitted by chiropractic provider showing patient has had acupuncture and physical therapy treatment modalities; that included electric acupuncture, infrared, myofascial release, electrical stim and ultrasound. LINT, trigger point impedance imaging reports dated 05/21/14 to 06/24/14 was submitted. Patient's medications on 03/21/14 included Ibuprofen, Prilosec, Flexeril and topical lotion. Patient's medications on 06/27/14 included Ibuprofen, Prilosec, Theramine, Sentra AM, and Sentra PM. The patient is off work until 08/11/14. Per [www.ptlcentral.com](http://www.ptlcentral.com), Sentra PM are capsules by oral administration, especially formulated prescription only medical food, consisting of a proprietary formulation of amino acids and polyphenol ingredients in specific proportions, for the dietary management of the altered metabolic processes of sleep disorders associated with depression ([www.ptlcentral.com](http://www.ptlcentral.com)). ODG, Pain Chapter, Medical Food states: "medical food: intended for a specific dietary management of a disease or condition for which distinctive nutritional requirements are established by medical evaluation. To be considered, the product must meet the following criteria: 1. The product must be a food for oral or tube feeding. 2. The product must be labeled for dietary management of a specific medical disorder. 3. The product must be used under medical supervision." Treater has not discussed reason for the request. Sentra AM does not meet ODG criteria for medical foods, and currently there are no guidelines discussing this product. Therefore, the request IS NOT medically necessary.

**Sentra AM: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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; [www.ptlcentral.com](http://www.ptlcentral.com), Sentra PM.

**Decision rationale:** The patient presents with low back pain rated 6/10 and left foot pain. The request is for Sentra AM. Patient's diagnosis on 06/27/14 included lumbar disc protrusion, myofascitis and left foot bursitis. Physical examination to the lumbar spine on 06/27/14 revealed myospasm and tenderness to palpation to the paravertebral muscles. Range of motion was normal with decreased Flexion 60 degrees. Kemp's caused pain. Examination to the left foot revealed tenderness to palpation to the heel/plantar aspect. SOAP Notes from 03/12/14 to 08/06/14 were submitted by chiropractic provider showing patient has had acupuncture and physical therapy treatment modalities; that included electric acupuncture, infrared, myofascial release, electrical stim and ultrasound. LINT, trigger point impedance imaging reports dated 05/21/14 to 06/24/14 was submitted. Patient's medications on 03/21/14 included Ibuprofen, Prilosec, Flexeril and topical lotion. Patient's medications on 06/27/14 included Ibuprofen, Prilosec, Theramine, Sentra AM, and Sentra PM. The patient is off work until 08/11/14. Per [www.ptlcentral.com](http://www.ptlcentral.com), Sentra PM are capsules by oral administration, especially formulated prescription only medical food, consisting of a proprietary formulation of amino acids and polyphenol ingredients in specific proportions, for the dietary management of the altered metabolic processes of sleep disorders associated with depression ([www.ptlcentral.com](http://www.ptlcentral.com)). ODG, Pain Chapter, Medical Food states: "medical food: intended for a specific dietary management of a disease or condition for which distinctive nutritional requirements are established by medical evaluation. To be considered, the product must meet the following criteria: 1. The product must be a food for oral or tube feeding. 2. The product must be labeled for dietary management of a specific medical disorder. 3. The product must be used under medical supervision." Treater has not discussed reason for the request. Sentra AM does not meet ODG criteria for medical foods, and currently there are no guidelines discussing this product. Therefore, the request IS NOT medically necessary.

**Sentra PM: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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; [www.ptlcentral.com](http://www.ptlcentral.com), Sentra PM.

**Decision rationale:** The patient presents with low back pain rated 6/10 and left foot pain. The request is for Sentra PM. Patient's diagnosis on 06/27/14 included lumbar disc protrusion,

myofascitis and left foot bursitis. Physical examination to the lumbar spine on 06/27/14 revealed myospasm and tenderness to palpation to the paravertebral muscles. Range of motion was normal with decreased Flexion 60 degrees. Kemp's caused pain. Examination to the left foot revealed tenderness to palpation to the heel/plantar aspect. SOAP Notes from 03/12/14 to 08/06/14 were submitted by chiropractic provider showing patient has had acupuncture and physical therapy treatment modalities; that included electric acupuncture, infrared, myofascial release, electrical stim and ultrasound. LINT, trigger point impedance imaging reports dated 05/21/14 to 06/24/14 was submitted. Patient's medications on 03/21/14 included Ibuprofen, Prilosec, Flexeril and topical lotion. Patient's medications on 06/27/14 included Ibuprofen, Prilosec, Theramine, Sentra AM, and Sentra PM. The patient is off work until 08/11/14.

**Gabadone:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 under Medical food.

**Decision rationale:** The patient presents with low back pain rated 6/10 and left foot pain. The request is for Gabadone. Patient's diagnosis on 06/27/14 included lumbar disc protrusion, myofascitis and left foot bursitis. Physical examination to the lumbar spine on 06/27/14 revealed myospasm and tenderness to palpation to the paravertebral muscles. Range of motion was normal with decreased Flexion 60 degrees. Kemp's caused pain. Examination to the left foot revealed tenderness to palpation to the heel/plantar aspect. SOAP Notes from 03/12/14 to 08/06/14 were submitted by chiropractic provider showing patient has had acupuncture and physical therapy treatment modalities; that included electric acupuncture, infrared, myofascial release, electrical stim and ultrasound. LINT, trigger point impedance imaging reports dated 05/21/14 to 06/24/14 was submitted. Patient's medications on 03/21/14 included Ibuprofen, Prilosec, Flexeril and topical lotion. Patient's medications on 06/27/14 included Ibuprofen, Prilosec, Theramine, Sentra AM, and Sentra PM. The patient is off work until 08/11/14. The MTUS and ACOEM guidelines are silent with regards to this product. However, the ODG-TWC, Pain Chapter under Medical food states "Not recommended. GABAdone is a medical food from [REDACTED], [REDACTED], that is a proprietary blend of Choline Bitartrate, Glutamic Acid, 5-Hydroxytryptophan, and GABA. It is intended to meet the nutritional requirements for inducing sleep, promoting restorative sleep and reducing snoring in patients who are experiencing anxiety related to sleep disorders." Treater has not discussed reason for the request. ODG guidelines do not support the use of Gabadone for chronic pain or for sleep aid. Therefore, the current request IS NOT medically necessary.