

Case Number:	CM14-0186763		
Date Assigned:	11/14/2014	Date of Injury:	10/05/2012
Decision Date:	01/05/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/10/2014

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 Occupational Medicine 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:

The applicant is a represented [REDACTED] repair employee who has filed a claim for chronic shoulder and low back pain with derivative complaints of anxiety and depression reportedly associated with an industrial injury of October 5, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; dietary supplements; earlier shoulder surgery; unspecified amounts of physical therapy; and extensive periods of time off of work. In a Utilization Review Report dated October 27, 2014, the claims administrator denied a request for Gabadone, a dietary supplement. The applicant's attorney subsequently appealed. In an August 18, 2014 progress note, the applicant presented with multifocal complaints of low back, shoulder, and neck pain. The applicant was placed off of work, on total temporary disability while physical therapy and unspecified medical foods and topical compounds were prescribed.

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 (ODG), Gabadone, Medical Foods

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Dietary Supplements

Decision rationale: The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines Chronic Pain Chapter notes that dietary supplements such as Gabadone are "not recommended" in the treatment of chronic pain as they have not been demonstrated to have any meaningful benefits or favorable outcomes in the management of the same. In this case, the attending provider's progress notes compromised almost entirely of preprinted checkboxes with little-to-no narrative commentary furnished. The attending provider did not furnish any rationale which would potentially offset the unfavorable ACOEM position on the article at issue. Therefore, the request for Gabadone #60 is not medically necessary.