MAXIMUS Federal Services

Case Number:	CM14-0195026		
Date Assigned:	12/02/2014	Date of Injury:	12/04/2013
Decision Date:	01/21/2015	UR Denial Date:	11/08/2014
Priority:	Standard	Application Received:	11/20/2014

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 Rehab, has a subspecialty in Pain 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 injured worker is a 43-year-old female with an original date of injury of December 4, 2013. The patient has industrial diagnoses of chronic right shoulder pain, thoracic spine pain, shoulder impingement, and cervical spine pain with known distributions. The patient has been recommended for chiropractic care. The patient has had conservative treatment with pain medications including tramadol, NSAIDs, and topical pain medication. The disputed issue is a request for gabadone, a medical food. A utilization review on November 8, 2014 had denied this request. The reviewer had cited the ODG which stated that medical foods are not recommended for chronic pain.

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), Pain

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

Decision rationale: Regarding the request for Gabadone, the California MTUS and ACOEM guidelines do not contain criteria for the use of medical foods. The Official Disability Guidelines state that medical foods are recommended for the dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements. Medical foods are not recommended for chronic pain by any evidence-based guidelines. Within the documentation available for review, the requesting physician has not indicated that this patient has any specific nutritional deficits. Additionally, there are no diagnoses, conditions, or medical disorders for which distinctive nutritional requirements are present. In the absence of such documentation, the currently requested Gabadone is not medically necessary.