

<b>Case Number:</b>	CM14-0195160		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	10/03/2012
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	11/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2014

### 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, has a subspecialty in Interventional Spine 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 52 year old female with an injury date on 10/03/2012. Based on the 10/21/2014 progress report provided by the treating physician, the diagnoses are: 1. Lumbar radiculopathy2. Herniated lumbar disc3. Neck pain4. Neuropathic pain5. Myofascial syndrome6. Chronic pain related insomniaAccording to this report, the injured worker complains of "low back pain, neck pain and pain in her bilateral shoulders, forearms and knees. She states that her whole left leg is getting numb at "random times" and "her fibromyalgia is flaring up." Injured worker's pain with medication is a 4/10, without medications pain is a 9/10, current pain is 6/10, and since last visit pain averaged at a 6/10. Physical exam findings were not included in the report for review. The treatment plan is to refill medications, check status of prior request for FCE, DNA testing and chiropractic treatment, start Percura, discontinue Butrans and Premier, and return for a follow up visit in one week. Injured worker is "TTD x 45."There were no other significant findings noted on this report. The utilization review denied the request for Retrospective request for Gabadone #60 DOS 10/21/14 and Retrospective request for Percura #120 DOS 10/21/14 on 11/03/2014 based on the ODG guidelines. The requesting physician provided treatment reports from 11/12/2013 to 10/21/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Request for Gabadone #60 DOS 10/21/14: 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 Chapter, Medical Food.

**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 Foods

**Decision rationale:** The current request is for retrospective request for Gabadone #60 DOS 10/21/14. The MTUS and ACOEM guidelines are silent with regards to this product. However, the ODG guidelines state "Not recommended. Gabadone is a medical food from Physician Therapeutics, Los Angeles, CA, 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." The ODG guidelines do not support the use of Gabadone for chronic pain or for sleep aid. Therefore, the request is not medically necessary.

**Retrospective Request for Percura #120 DOS 10/21/14:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation the website:  
[reference.medscape.com/drug/percura-amino-acids-mixture](http://reference.medscape.com/drug/percura-amino-acids-mixture)

**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: Percura

**Decision rationale:** According to the 10/21/2014 requesting report, this injured worker presents with of "low back pain, neck pain and pain in her bilateral shoulders, forearms and knees." The current request is for retrospective request for Percura [Percura] #120 DOS 10/21/14. The MTUS and ACOEM guidelines are silent with regards to this product. However, the ODG guidelines state "Not recommended. Percura is a medical food from Physician Therapeutics that is a proprietary blend of gamma - aminobutyric acid, choline bitartrate, L-arginine, L-serine, and other ingredients. It is intended for dietary management of metabolic processes associated with pain, inflammation and loss of sensation due to peripheral neuropathy. See Medical food, Gamma-aminobutyric acid (GABA), where it says, 'There is no high quality peer-reviewed literature that suggests that GABA is indicated'; Choline, where it says, 'There is no known medical need for choline supplementation'; L-Arginine, where it says, 'This medication is not indicated in current references for pain or inflammation'; & L-Serine, where it says, 'There is no indication for the use of this product.' Until there are high quality studies of the ingredients in Percura, it is not recommended." Therefore, the current request is not medically necessary.