

Case Number:	CM14-0208059		
Date Assigned:	12/22/2014	Date of Injury:	10/01/2012
Decision Date:	02/17/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/12/2014

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 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 patient is a 37-year-old female with a date of injury of 10/01/2012. According to progress report dated 11/14/2014, the patient presents with ongoing pain in the lower back as well as bilateral knee pain. The pain level in her lower back is rated as 6/10. It was noted the patient took her medications on this date and her pain levels are with oral medications and topical creams. She finds all of her medications to be helpful for pain management. The patient also states that she no longer has sleep difficulties and is able to sleep 8 hours at night as "medical foods have been helping." Examination of the lumbar spine revealed moderate tenderness on palpation over the bilateral lower back, left greater than right. There was tenderness noted in the paraspinal muscles at the L3-L4, L4-L5, and L5-S1 segments. There is moderate spinal tenderness. Range of motion of flexion is 50 degrees, extension is 20 degrees; right lateral bend and left lateral bend are both 30 degrees. Kemp's test is positive bilaterally. There is moderate tenderness on the sciatic nerve on the left. Sensation testing is decreased in the S1 dermatome distribution. Examination of the bilateral knee revealed tenderness in the left medial compartment and tenderness over the medial and lateral compartment. Range of motion is "intact." The listed diagnoses are: 1. Lumbosacral neuritis or radiculitis, unspecified. 2. Dysthymic disorder. 3. Insomnia, unspecified. 4. Pain in joint involving bilateral knees. The patient continues to work with restrictions of no lifting over 15 pounds. Treatment plan is for medications including Prilosec 20 mg, Voltaren 100 mg, Theramine #90, and GABA done #60. The utilization review denied the request on 12/03/2014. Treatment reports from 05/29/2014 through 11/14/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Gabadone #60 and Theramine #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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 food.

Decision rationale: This patient presents with chronic low back and bilateral knee pain. The current request is for pharmacy purchase of GABAdone #60 and Theramine #90. The treating physician states that the patient has a sleep disorder which developed secondary to chronic pain. The patient reports that medical foods including theramine and gabadone have been helpful. The ACOEM and MTUS do not discuss Gabadone. ODG has the following under its pain section regarding Medical food has the following regarding GABAdone, "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." The ACOEM and MTUS guidelines do not discuss Theramine. ODG guidelines under pain chapter regarding Medical foods, has the following regarding Theramine, "Not recommended. Theramine is a medical food from [REDACTED], [REDACTED], that is a proprietary blend of gamma-aminobutyric acid [GABA] and choline bitartrate, L-arginine, and L-serine. It is intended for use in the management of pain syndromes that include acute pain, chronic pain, fibromyalgia, neuropathic pain, and inflammatory pain." Theramine and GABAdone are not supported by ODG. This request IS NOT medically necessary.