

Case Number:	CM15-0004558		
Date Assigned:	01/15/2015	Date of Injury:	06/27/2011
Decision Date:	03/13/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/09/2015

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 & Rehabilitation

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 54 year old female who sustained an industrial injury reported on 6/27/2011. She has reported bilateral hip and shoulder pain with bilateral radiating low back pain down into the legs, right > left and worse upon awakening. The diagnoses have included: chronic pain syndrome; degenerative disc disease with retrolisthesis at lumbar 2-3; lumbar 4-5 moderate canal stenosis; questionable lumbar radiculopathy with unexplained multi-focal sensory complaints; cervical sprain/strain; headaches; anxiety disorder; major depressive disorder; and elevated liver function tests. Treatments to date have included consultations; diagnostic imaging studies; electromyogram and nerve conduction studies; injection therapy; acupuncture and chiropractic treatments, along with a home exercise program (non-compliance); and medication management. The work status classification for this injured worker (IW) is noted to be not working since 7/1/2011. On 12/9/2014 Utilization Review (UR) modified, for medical necessity, the request for Temazepam 30mg #30 for major depression - to #8 for the purpose of weaning; and non-certified for medical necessity, the request for Gabadone #60 for major depression, the ACOEM and the Official Disability Guidelines for stress complaints, mental illness & stress, antidepressant/anti-psychotic medications and Gabadone, were cited. The 11/20/2014 Multispecialty Group evaluation noted the IW to be very agitated, depressed and angry, and feeling hopeless and helpless over a prescription for Norco not being filled. The 11/20/2014 orthopedic evaluation noted a trial for Tylenol III for pain; that Aleve, Advil nor Tylenol had ever been tried; and that a home exercise program was strongly recommended and written in the treatment plan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam 30 mg, thirty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The patient is a 54 year-old female with a 6/27/11 date of injury. According to the 12/9/14 Utilization Review letter, the temazepam 30mg requested on the 10/23/14 medical report was modified from #30 to #8 for weaning because the patient has been using temazepam since February 2013, and long-term use of benzodiazepines is not supported by MTUS. According to the 11/20/14 medical report, the patient presents with low back, bilateral hip, and bilateral shoulder pain. 9/10 intensity, unchanged from last visit. She has not worked since 7/1/2011. Medications "has helped her perform household duties; however she is unable to perform a home exercise program" She has been diagnosed with: DDD with retrolisthesis at L2/3; L4/5 moderate canal stenosis; lumbar radiculopathy; facet arthropathy; chronic pain syndrome. The request is for continued long-term use of Temazepam, a benzodiazepine. MTUS Chronic Pain Medical Treatment Guidelines page 24 for Benzodiazepines states: Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. The provided records show the patient has been using temazepam over 6-months since 5/29/14. MTUS guidelines do not recommend long-term use of benzodiazepines over 4 weeks. The request for Temazepam 30mg, #30 IS NOT medically necessary.

Gabadone, sixty count: 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 (Chronic) Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain chapter, GABA done Pain chapter, Medical food

Decision rationale: The patient is a 54 year-old female with a 6/27/11 date of injury. According to the 12/9/14 Utilization Review letter, the Gabadone, #60 requested on the 10/23/14 medical report was denied because there was no indication in ODG guidelines that this helps sleep. According to the 11/20/14 medical report, the patient presents with low back, bilateral hip, and bilateral shoulder pain. 9/10 intensity, unchanged from last visit. She has not worked since 7/1/2011. Medications "has helped her perform household duties; however she is unable to perform a home exercise program" She has been diagnosed with: DDD with retrolisthesis at L2/3; L4/5 moderate canal stenosis; lumbar radiculopathy; facet arthropathy; chronic pain

syndrome. The request is for Gabadone, #60, a medical food. MTUS does not discuss Gabadone. ODG guidelines were consulted. ODG, Pain chapter for GABAdone states: "Not recommended. GABAdone" is a medical food from [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. (Shell, 2009) See Medical food, Choline, Glutamic Acid, 5-hydroxytryptophan, and Gamma-aminobutyric acid (GABA). "ODG guidelines specifically state GABAdone is not recommended. The request for Gabadone, #60, IS NOT medically necessary.