MAXIMUS Federal Services

Case Number:	CM15-0018755		
Date Assigned:	02/06/2015	Date of Injury:	10/05/2011
Decision Date:	05/19/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	02/02/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 54-year-old who has filed a chronic low back pain reportedly associated with an industrial injury of October 5, 2011. In a Utilization Review report dated January 2, 2015, the claims administrator failed to approve a request for Gabadone. The claims administrator referenced a progress note of November 25, 2014 in its determination. The applicant's attorney subsequently appealed. On November 20, 2014, multiple dietary supplements, including Gabadone, Sentra, and Theramine were proposed, along with genetic testing. In an associated progress note dated November 20, 2014, the applicant was placed off work, on total temporary disability, while x-rays of the hands, MRI imaging of the knee, Theramine, Sentra, and Gabadone were prescribed. Twelve sessions of physical therapy and 12 sessions of manipulative therapy were endorsed while the applicant was kept off work. Ongoing complaints of low back pain were noted.

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), Treatment Index, 12th Edition (web), 2014, Pain Chapter, Medical Food.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM V.3, Chronic Pain, General Principles of Treatment, Medications, Alternative Treatments, Recommendation: Complementary or Alternative Treatments, Dietary Supplements, etc., for Chronic Pain Complementary and alternative treatments, or dietary supplements, etc., are not recommended for treatment of chronic pain as they have not been shown to produce meaningful benefits or improvements in functional outcomes. Strength of Evidence Not Recommended, Insufficient Evidence (I).

Decision rationale: No, the request for Gabadone, a dietary supplement, was not medically necessary, medically appropriate, or indicated here. The MTUS do 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 shown to produce any meaningful benefits or improvements in functional outcomes in the treatment of the same. Here, the attending provider's handwritten November 20, 2014 progress note and November 25, 2015 RFA form were sparse, thinly developed, not entirely legible, comprised largely of preprinted checkboxes and furnished little-to-no narrative commentary, which would offset the unfavorable ACOEM position on the article at issue. Therefore, the request was not medically necessary.