

Case Number:	CM15-0144828		
Date Assigned:	08/05/2015	Date of Injury:	09/27/1991
Decision Date:	09/02/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/27/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 55 year old female who reported an industrial injury 9-27-1991. Her diagnoses, and or impression, were noted to include: lumbar radiculopathy, status-post lumbar fusion; chronic pain syndrome; failed lumbar back syndrome - lumbago; myofascial syndrome; neuropathic pain; status-post right knee surgery; and chronic pain related insomnia. No current imaging studies were noted. Her treatments were noted to include deep brain stimulation for insomnia; Reiki therapy; pain school; Matrix electrical stimulation of the right hip; and medication management with toxicology studies. The progress notes of 7-7-2015 reported a very good mood and that her pain had been well managed on usual dose of Buprenorphine which she had to cut back on because her Buprenorphine troches had not been approved, and she was in fear of running out of medication, resulting in increased pain; and increased right-sided and low back area pain with spasms which result in insomnia, and requesting a request for a refill of Gabadone which was effective in helping her sleep. Objective findings were noted to include stable vital signs and weight; that Buprenorphine was very effective in treating her pain without side effects; and a compliant toxicology screening. The physician's requests for treatments were noted to include Gabadone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabadone #60 x 2 months: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) medical food.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states medical foods are not recommended unless a patient has a specialized diseases state that requires the medical food in the treatment of that disease due to such conditions such as mal absorption. The patient does not meet these criteria and therefore the request is not medically necessary.