

Case Number:	CM15-0161984		
Date Assigned:	08/27/2015	Date of Injury:	03/16/2012
Decision Date:	10/02/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/17/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 49 year old male who sustained a work related injury March 16, 2012. Past history included status post lumbar surgery February, 2014. According to a secondary treating physician's progress report, dated May 21, 2015, the injured worker presented for pain management follow-up with complaints of constant low back pain, rated 9 out of 10, radiating to the bilateral lower extremities with numbness and tingling in the legs. Objective findings included; lumbar range of motion-flexion 25 degrees, extension 10 degrees, left and right lateral flexion 10 degrees, palpable spasms along the paravertebral muscles bilaterally, straight leg raise is positive on the right and negative on the left. Diagnoses are lumbar status post surgery 2-13-2014; lumbar facet syndrome; elevated blood pressure. Treatment plan included internal medicine evaluation for elevated blood pressure, prescription medication, topical medication, continue with treatment from primary care physician, and at issue, a retrospective request for authorization for retrospective Gabadone #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective 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), Pain, Gabadone.

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

Decision rationale: The MTUS is silent on the use of Gabadone. Per ODG: "Not recommended. GABA done" 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. (Shell, 2009) See Medical food, Choline, Glutamic Acid, 5-hydroxytryptophan, and Gamma-aminobutyric acid (GABA)." As the requested medication is not recommended, it is not medically necessary.