

Case Number:	CM15-0169162		
Date Assigned:	09/09/2015	Date of Injury:	11/03/2014
Decision Date:	10/08/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/27/2015

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: Texas, Florida, 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 injured worker is a 40 year old male, who sustained an industrial injury on November 3, 2014. He reported injuries to his head, neck and shoulders. The injured worker was diagnosed as having work related head and neck trauma with loss of consciousness; concussion; post-concussion syndrome involving posttraumatic headaches, dizziness, and insomnia; post-traumatic headaches; post-traumatic dizziness; and sleep maintenance insomnia secondary to pain. A complex neurological evaluation was conducted on April 20, 2015. The injured worker reported having headaches and difficulty sleeping. He reported that he awakens at night and cannot find a comfortable position. He reported only getting about five hours of uninterrupted sleep per night. He denied having problems related to sleep prior to his injury. On physical examination, the injured worker was alert, oriented and answered questions readily and appropriately. His speech was intact and he had intact recall of recent and remote events. There was no evidence of short-term memory deficits. The evaluating physician noted that the injured worker is likely experiencing a pain-related insomnia that may be an element from the head concussion. Treatment to date has included opioid medications, topical pain creams, home exercise program, NSAIDS, and physical therapy. A request was received on July 24, 2015 for gabadone #60. The Utilization Review physician determined that the request for gabadone capsules #60 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabadone cap #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines 2007 revision of the low back chapter, page 125 Official Disability Guidelines (ODG), Pain chapter - medical foods.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, under Medical Foods.

Decision rationale: This claimant was injured about a year ago with diagnoses of work related head and neck trauma with loss of consciousness; concussion; post-concussion syndrome involving posttraumatic headaches, dizziness, and insomnia; post-traumatic headaches; post-traumatic dizziness; and sleep maintenance insomnia secondary to pain. Treatment to date has included opioid medications, topical pain creams, home exercise program, NSAIDS, and physical therapy. A request was received on July 24, 2015 for Gabadone #60. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG rates Gabadone as not recommended. It is a medical food from [REDACTED], [REDACTED], that is a proprietary blend of Choline Bitartrate, Glutamic Acid, 5-Hydroxytryptophan, and GABA. The substance is made up agents with little to no proven effectiveness. One is Choline, which is a precursor of acetylcholine. There is no known medical need for choline supplementation except for the case of long-term parenteral nutrition or for individuals with choline deficiency secondary to liver deficiency. This request is not medically necessary, based on a lack of mainstream, large scale, peer reviewed studies demonstrating effectiveness for injured worker populations.