

<b>Case Number:</b>	CM15-0202164		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	11/27/2006
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2015

### 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 68 year old female, who sustained an industrial injury on November 27, 2006. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having cervical radiculopathy, lumbar radiculopathy, bilateral shoulder internal derangement and bilateral knee internal derangement. Treatment to date has included medication. On April 6, 2015, the injured worker complained of frequent neck pain radiating to the bilateral upper extremities with numbness and tingling. She rated her pain as a 4 on a 1-10 pain scale. She also reported constant low back pain radiating to the bilateral lower extremities with numbness and tingling rated a 7-8, constant bilateral shoulder pain rated a 5-7 and constant bilateral knee pain rated a 5-8 on the pain scale. The treatment plan included Trepadone to be taken as needed for chronic pain and to decrease the use of her NSAIDS, Sentra AM, Sentra PM, internist consultation and a follow-up visit. On September 29, 2015, utilization review denied a request for Gabadone #60.

### 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), 2013, Online Version, Pain Chapter, Medical Food section.

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

**Decision rationale:** The current request is for GABADONE #60. The RFA is dated 09/22/15. Treatment to date has included medication. The patient is temporarily totally disabled. MTUS and ACOEM guidelines are silent with regards to this product. However, ODG Guidelines, Pain (Chronic) Chapter under GABADone Section states, "Not recommended. GABADone is a medical food from Physician Therapeutics, Los Angeles, CA, 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." Per report 03/02/15, the patient presents with chronic neck, lower back and bilateral shoulder and knee pain. The patient pain radiated into the upper and lower extremities. The treater provided Trepadone to be taken as needed for chronic pain, Sentra AM for muscle dysfunction, and Sentra PM for sleep disturbances. This is the only report provided for review. There is no discussion regarding the requested Gabadone #60. It appears the patient suffers from sleep issues; however, ODG guidelines do not support the use of GABADone for chronic pain or for sleep aid. Therefore, the request IS NOT medically necessary.