

<b>Case Number:</b>	CM15-0048220		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	12/31/1992
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2015

### 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:

This 51 year old woman sustained an industrial injury on 12/31/1992 after falling down the stairs. Diagnoses include musculoligamentous cervical spine strain, multilevel cervical disc bulging and cervical disc disease, bilateral shoulder bursitis/impingement syndrome, bilateral wrist tendonitis, musculoligamentous lumbar spine, right ankle sprain/strain with recurrent instability, and status post bilateral ankle surgeries. Treatment has included oral medications, physical therapy, epidural steroid injections, and surgical intervention. Physician notes dated 7/21/2014 show complaints of headache, neck pain, and low back pain. Recommendations include continuing the current medication regimen.

### 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, Pain, GABAdone.

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

**Decision rationale:** GABAdone is a proprietary blend of neurotransmitters and neurotransmitter precursors (gammaaminobutyric acid [GABA], L-glutamate, 5-hydroxytryptophan, choline bitartrate); neurotransmitter (GABA) potentiator (valerian); activators of precursor utilization (acetyl-L-carnitine, L-glutamate, cocoa powder); an amino acid uptake stimulator (gingko biloba); activators of amino acid utilization (L-glutamate, cocoa powder); polyphenolic antioxidants (grape seed extract, cocoa powder); anti-inflammatory and immunomodulatory peptides (whey protein hydrolysate); an adenosine antagonist (cocoa powder); and an inhibitor of the attenuation of neurotransmitter production associated with precursor administration (grape-seed extract). The official disability guidelines indicates that medical foods are not recommended for treatment of chronic pain as they have not been shown to produce meaningful benefits or improvements in functional outcomes. None of these ingredients have an indication for the treatment of the injured employees cervical spine pain as well as tendinitis and sprain/strain issues. This request for Gabadone GABA is not medically necessary.

**Pecura #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Pecura.

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

**Decision rationale:** It is unclear from the medical records provided what medication is intended to be prescribed. There is no known medication named Pecura. Without further justification and clarification, this request is not medically necessary.