

<b>Case Number:</b>	CM14-0120648		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	06/10/2010
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	07/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2014

### 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. The expert reviewer is Board Certified in Pain Medicine and is licensed to practice in Minnesota. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 54-year-old female with a reported date of injury on 06/10/2010. The injured reportedly occurred when the injured worker was constantly bending and reaching into a bucket to retrieve boxes and parts and heard a pop in her lower back. Her diagnoses were noted to include status post lumbar spine decompression, failed lumbar surgery, radiculopathy of the left lower extremity L4 nerve root distribution, cervical strain, degenerative disc disease to the cervical spine, right shoulder impingement syndrome, status post left shoulder arthroscopy, left shoulder tendinitis, status post bilateral upper extremities surgery, and headaches. Her previous treatments were noted to include pain medications, physical therapy, and lumbar epidural injections. The progress note dated 03/18/2014 revealed complaints of pain to the low back that radiated to her left lower extremity. The injured worker indicated her low back pain was present 100% of the time. The injured worker complained of numbness and tingling to her left lower extremity and rated her pain 6/10 to 7/10. The physical examination of the lumbar spine revealed mild tenderness to palpation of the lumbar paravertebral musculature with decreased range of motion. The orthopedic test revealed a positive straight leg raise and Braggard's to the left lower extremity. There was also a positive bowstring test to the left lower extremity. The sensory examination to the lower extremities revealed a sensory deficit to the left L4 and L5 dermatomes. The motor strength test rated 4/5 to the L4, L5, and S1 dermatomes. The deep tendon reflexes were noted to be 1+ to the left patella and absent to the Achilles bilaterally. . The progress note dated 04/30/2014 revealed complaints of low back pain that radiated to the left lower extremity with numbness and tingling rated 8/10. The lumbar range of motion was diminished. The injured worker's medication regimen was noted to include Fioricet #90, Norco 10/325 mg #80, Colace 100 mg #60, Percocet 5/325 mg #60, Sentra PM #60, and GABAdone #60. The request for authorization form was not submitted within the medical records. The

request for authorization form was not submitted within the medical records. The request is for Sentra PM #60 and GABAdone #60; however, the provider's rationale was not submitted within the medical records.

### **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 (updated 7/10/14), Gabadone

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

**Decision rationale:** The request for GABAdone #60 is not medically necessary. The injured worker has been utilizing this medication since at least 04/2014. The Official Disability Guidelines do not recommend GABAdone as it is a medical food that is a proprietary blend of choline bitartrate, glutamic acid, 5 hydroxytryptophan, and GABA. It is intended to meet the nutritional requirements for using sleep, promoting restorative sleep, and reducing snoring in patients who are experiencing anxiety related to sleep disorders. The guidelines state there is no known medical need for choline supplementation except for a case of long term parenteral nutrition or for individuals with choline deficiency secondary to liver deficiency. The guidelines state glutamic acid is indicated for those for impaired intestinal permeability, short bowel syndrome, cancer, and critical illnesses. The guidelines state 5 hydroxytryptophan is found to possibly be effective in treatment of anxiety disorders, fibromyalgia, obesity, and sleep disorders. The guidelines state GABA is indicated for epilepsy, spasticity, and tardive dyskinesia. There is a lack of clinical documentation regarding the injured worker having a medical necessity for choline, glutamic acid, GABA, and there is a lack of documentation regarding improved functional status and efficacy of this medication. The guidelines do not recommend medical food for chronic pain and therefore, the GABAdone is not medically necessary. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

**Sentra PM # 60:** 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 ODG), Pain, Medical Food

**Decision rationale:** The request for Sentra PM #60 is not medically necessary. The injured worker has been utilizing this medication since at least 04/2014. The Official Disability Guidelines do not recommend GABAdone. It is a medical food that is a proprietary blend of

choline bitartrate, glutamic acid, 5 hydroxytryptophan, and GABA. It is intended to meet the nutritional requirements for using sleep, promoting restorative sleep, and reducing snoring in patients who are experiencing anxiety related to sleep disorders. The guidelines state there is no known medical need for choline supplementation except for a case of long term parenteral nutrition or for individuals with choline deficiency secondary to liver deficiency. The guidelines state glutamic acid is indicated for those for impaired intestinal permeability, short bowel syndrome, cancer, and critical illnesses. The guidelines state 5 hydroxytryptophan is found to possibly be effective in treatment of anxiety disorders, fibromyalgia, obesity, and sleep disorders. The guidelines state GABA is indicated for epilepsy, spasticity, and tardive dyskinesia. There is a lack of clinical documentation regarding the injured worker having a medical necessity for choline, glutamic acid, GABA, and there is a lack of documentation regarding improved functional status and efficacy of this medication. The guidelines do not recommend medical food for chronic pain and therefore, the Sentra PM is not medically necessary. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.