

<b>Case Number:</b>	CM14-0081165		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	06/13/2002
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	05/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 who had a work related injury on 06/13/02. The mechanism of injury was not documented. Prior utilization review on 03/20/14 was non-certified. Most recent clinical documentation submitted for review was dated 03/10/14, revealed the injured worker returned to the clinic complaining of neck and bilateral upper extremities pain. The injured worker reported she had a cough and every time she coughed it increased the pain down her arm. The injured worker reported she had been walking lately for exercise and juicing. Overall she was trying to take better care of herself and her health. Pain was rated 4/10 with medication 10/10 without. A Urine drug screen was consistent with prescribed therapy. The injured worker was started on medical foods included Trepadone for joint health and Theramine for neuropathic pain. Physical examination was not performed. Review of clinical documentation submitted for review there was no documentation of functional improvement. The requested retrospective use of Gabadone and Theramine was denied by utilization review on 05/13/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Gabadone #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG(Official Disability Guidelines)

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

**Decision rationale:** In regards to the retrospective use of Gabadone quantity 60, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. Gabadone is a medical food that can be utilized in specific instances of nutritional deficit which is contributing to a specific medical condition. In this case the use of Gabadone in the injured worker's chronic neck and radicular pain is not well supported in the current clinical literature. Given the lack of any specific indications for this medical food, this reviewer would not recommend the request as medically necessary and appropriate.

**Retro Theramine #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 Official Disability Guidelines (ODG) Pain Chapter, Medical Food

**Decision rationale:** In regards to the retrospective use of Tharamine quantity 60, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. Gabadone is a medical food that can be utilized in specific instances of nutritional deficit which is contributing to a specific medical condition. In this case the use of Gabadone in the injured worker's chronic neck and radicular pain is not well supported in the current clinical literature. Given the lack of any specific indications for this medical food, this reviewer would not recommend the request as medically appropriate.