

Case Number:	CM14-0201162		
Date Assigned:	12/11/2014	Date of Injury:	01/08/2014
Decision Date:	01/27/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/02/2014

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 Family Practice 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:

66 yr. old female claimant sustained a work injury on 1/8/14 involving the low back. She was diagnosed with multi-level disc disease including annular tear of L3-S1. She had undergone physical therapy, shockwave therapy and oral analgesics for pain. A progress note on 12/3/14 indicated the claimant had pain and spasms along with a positive straight leg raise test. The treating physician provided the claimant with Theramine, Gabadone, Sentra AM/PM and Acupuncture treatments.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 58-59, 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, Pain chapter; Urine drug testing (UDT), Medical food, Urine drug testing (UDT)

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 and Gabadone

Decision rationale: Gabadone is a nutraceutical used as a sleep aid. It 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. There is no known need for these products and they are not supported by evidence-based literature. GABA for instance supplement is indicated for epilepsy, spasticity and tardive dyskinesia. There is no high quality peer-reviewed literature that suggests that GABA is indicated for treatment of insomnia. The details or etiology of the underlying disorder requiring Gabadone are not identified and the diagnoses do not correlate with the claimant's. The Gabadone is therefore not medically necessary.