MAXIMUS Federal Services

Case Number:	CM14-0211764		
Date Assigned:	12/24/2014	Date of Injury:	01/08/2014
Decision Date:	02/28/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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: Colorado
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 worker is a 65-year-old man injured on January 8, 2014 following a forklift accident. Work was diagnosed with head contusion, thoracic and lumbar strain, posttraumatic headaches, cervical sprain, lumbar sprain. Cervical spine MRI scan on February 25, 2014 was interpreted as showing a 3 mm disc protrusion at C3-4 and C4-5 with ligamentum flavum thickening resulting in moderate central canal narrowing and a mass effect upon the central cord. As a fascicular 23 2014 the worker complained of clicking of the neck upon movement, neck soreness, tenderness, headaches, and lumbar spine burning pain down the left leg. Examination findings at that time revealed reduced cervical spine range of motion in all planes with pain, normal lumbar spine range of motion but with pain, and palpable lumbar and cervical or spinal tenderness. Prescribed medicine at this time included compounded creams, Sentra, Gabadone, naproxen, tramadol, pantoprazole, theramine, cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabadone Cap Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 125. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation https://wcis.ceiwc.com/dev60html/Pguide/MedicalGuides/Compounded_Medication_Medical_Foods.pdf IWIF Workers' Compensation Insurance. MEDICAL POLICY - COMPOUNDED MEDICATION, MEDICAL FOOD, AND CO-PACKS. Established: 12127/11 Reviewed: 3121114

Decision rationale: Gabadone, a medical food is a proprietary blend of choline bitartrate, glutamic acid, 5 hydroxytryptophan and GABA (Gamma-aminobutyric acid). Medical food products are not approved or registered with the FDA. There is little medical evidence supporting their use. According to the IWIF Workers' Compensation Insurance medical policy for compounded medication, medical food, and co-packs, a medical food must be reported as safe and effective for the recommended indication by adequate medical and scientific evidence in the medical literature and any compound of medical food that contains at least one food that is not recommended is not recommended. The ingredients glutamic acid and choline are not recommended and therefore, the request for Gabadone is not medically necessary or appropriate.