

Case Number:	CM15-0014803		
Date Assigned:	02/02/2015	Date of Injury:	06/29/2006
Decision Date:	05/26/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	01/26/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58 year old female who sustained an industrial injury on 06/29/2009. Current diagnoses include cervical spine herniated nucleus propulsus, thoracic disc displacement, and lumbar disc displacement. Previous treatments included medication management, physical therapy, acupuncture, and an epidural injection. Previous diagnostic studies include MRI of the cervical, thoracic, and lumbar spine, Sudoscan, sleep study, urine drug screen, EMG/NCS, functional capacity evaluation, and cardio-respiratory diagnostic testing. Report dated 11/26/2014 noted that the injured worker presented for follow-up. Pain level was not included. Physical examination was positive for abnormal findings. The treatment plan included requests for medications, pain management referral, request for acupuncture, urinalysis test for toxicology, and follow up in 4 weeks. Disputed treatments include Gabadone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Glabadone # 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 (ODG) Pain Chapter, Gabadone, Medical Food.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation chapter Pain (chronic),GABAdone.

Decision rationale: The patient was injured on 06/29/06 and presents with pain in her cervical spine, thoracic spine, and lumbar spine. The request is for GABADONE #60. The RFA is dated 12/12/14 and the patient is not currently working. The MTUS and ACOEM guidelines are silent with regards to this product. However, the ODG guidelines, chapter 'Pain (chronic)' and topic 'GABAdone', state "Not recommended. GABAdone is a medical food from [REDACTED], that 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." In this case, most progress reports are handwritten and not very legible. The patient has spasms and a decreased range of motion (body part not indicated). She is diagnosed with cervical spine herniated nucleus pulposus, thoracic disc displacement, and lumbar disc displacement. The treater, however, does not document any sleep disturbances or anxiety secondary to pain for which GABAdone is generally used. Nonetheless, ODG guidelines do not recommend GABAdone to patients with pain and insomnia. Therefore, the requested GABAdone IS NOT medically necessary.