

Case Number:	CM15-0070096		
Date Assigned:	04/20/2015	Date of Injury:	11/02/2009
Decision Date:	05/18/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/14/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 injured worker is a year old male, who sustained an industrial injury on November 2, 2009. He was diagnosed with lumbosacral degenerative disc disease, cervical degenerative disc disease, lumbar radiculopathy, cervical radiculopathy, lumbar spinal stenosis and facet arthropathy. Treatments included pain medications, epidural steroid injection, physical therapy, and home exercise program. Currently, the injured worker complained of constant neck pain radiating to the bilateral upper extremities and low back pain. The treatment plan that was requested for authorization included a prescription for Gabadone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabadone cap #60 3 bottles: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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 (Chronic), Gabadone and Medical Food.

Decision rationale: MTUS is silent concerning Gabadone. ODG states that a medical food is a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. ODG comments on Gabadone directly, not recommended. Gabadone is a medical food from Physician Therapeutics, Los Angeles, CA, 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. (Shell, 2009) See Medical food, Choline, Glutamic Acid, 5-hydroxytryptophan, and Gamma-aminobutyric acid (GABA). The ODG guidelines do not support the use of Gabadone. As such the request for Gabadone cap #60 3 bottles is not medically necessary.