

Case Number:	CM15-0072704		
Date Assigned:	04/23/2015	Date of Injury:	10/25/2010
Decision Date:	05/20/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/16/2015

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: 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:

This 41-year-old man sustained an industrial injury on 10/25/2010. The mechanism of injury is not detailed. Diagnoses include sacrolitis, thoracalgia, cervicobrachial syndrome, post-traumatic insomnia, post-traumatic anxiety and diabetes (triggered/aggravated by work-related injuries) [Note: this later diagnosis is under dispute]. Treatment has included oral medications. Physician notes on a PR-2 dated 11/6/2014 show complaints of neck and spine pain, stiffness and weakness. There are no recommendations noted for this visit. Physician notes on a PR-2 dated 2/9/15 reflect and evaluation for diabetes and recommends use of Gabadone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabadone cap #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 13th Edition (web), 2015, Low back, Pre-operative lab testing; Diabetes, Glucose monitoring; Diabetes, Medications; Pain, GABAdone. Physicians' Desk Reference (PDR), 2015; <http://www.pdr.net/>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 1) Schutte-Rodin S, Broch L, Buysse D, Dorsey C, Sateia M. Clinical Guideline for the Evaluation and Management of Chronic Insomnia in Adults. Journal of Clinical Sleep Medicine, Vol. 4, No. 5, 2008 2) American Diabetes Association's Standards of Medical Care - 2015. Diabetes Care. January 2015. Vol 38, Supplement 1, pg S1-S94.

Decision rationale: Gabadone is a specially formulated medical food product made up of amino acids that are precursors to the neurotransmitters that induce sleep. It is designed to meet the nutritional requirements for inducing sleep, promoting restorative sleep and reducing snoring in patients who are experiencing anxiety related to sleep disorders. The MTUS does not comment on its use. Neither does the American Diabetic Association. It is not a recommended treatment in the 2008 Clinical Guideline for the Evaluation and Management of Chronic Insomnia in Adults. This insomnia guideline does recommend, however, a full sleeping evaluation be done before treating chronic insomnia. There is no documentation available for review that confirms that this evaluation was done. As use of this product falls outside published guidelines and there is no diagnosis of insomnia nor documentation of appropriate diagnostic testing to establish such a diagnosis, the product is not medically necessary.