

Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/23/2013

IMR Case Number:	CM13-0018013	Date of Injury:	06/08/2009
Claims Number:	[REDACTED]	UR Denial Date:	08/12/2013
Priority:	Expedited / Standard	Application Received:	08/29/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED], MD		
Treatment(s) in Dispute Listed on IMR Application:	GABA Calm natural anxiety treatment 1-2 SL q eight hours PRN for quantity of thirty		

DEAR INJURED [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: OVERTURN. This means we decided that all of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine 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 physician 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.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 60 year old female who sustained a work related injury on 6/8/2009. Patient was moving pellets at the [REDACTED] when she lost her footing and fell backwards on her back. Her diagnosis relevant to this case includes: Lumbar radiculopathy, chronic pain syndrome, myofascial syndrome, neuropathic pain and chronic pain related depression. Medical treatments up until this point include: fusion surgery (sept 2010), physical therapy cortisone injections, use of a nerve stimulator over the course of her treatment (which she failed), TENS unit, pain medications including chronic narcotic therapy. Progress notes show that besides the pain the patient has she also does experience depression and anxiety in which she takes valium as well as Gaba Calm for.

11/12/2012 notes document that patient has depression and anxiety

Progress notes from 5/13/2013 show that patient is using valium for her anxiety and muscle spasms in which she reports significant pain relief and less muscle spasm.

Psychiatric evaluation done on 1/21/2013 notes that patient has chronic depression and a moderate to severe anxiety score on the Beck Anxiety inventory. Further notes document that patient reports constant, aching, throbbing, stabbing, sharp backpain, with radiation down hips and legs to her feet causing numbness. In addition she has poor physical function with severe pain.

IMR DECISION(S) AND RATIONALE(S)

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

- 1. GABA Calm natural anxiety treatment 1-2 SL q eight hours PRN for quantity of thirty is medically necessary and appropriate.**

The Claims Administrator did not cite any evidence based criteria for its decision.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on Web-MD, GABA, which is not part of the MTUS.

The Physician Reviewer's decision rationale:

GABA is taken by mouth for relieving anxiety, improving mood, reducing symptoms of premenstrual syndrome (PMS), and treating attention deficit-hyperactivity disorder (ADHD). It is also used for promoting lean muscle growth, burning fat, stabilizing blood pressure, and relieving pain.

GABA is used under the tongue for increasing the sense of well-being, relieving injuries, improving exercise tolerance, decreasing body fat, and increasing lean body weight.”

After careful review of the medical records and documentation provided to me there is documentation that employee does have moderate to severe anxiety based on the psychiatric evaluation and there is documentation that employee is benefiting from Gaba Calm with a decrease in the valium intake. There is no specific criteria for Gaba Calm but per Web MD it is a supplement used as an anxiolytic. **The request for Gaba Calm natural anxiety treatment one to two SL q eight hour prn anxiety for a quantity of thirty is medically necessary and appropriate.**

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]