

<b>Case Number:</b>	CM13-0053934		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	12/19/2008
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2013

### 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. The expert reviewer is Board Certified in Occupational 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 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

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

There were 149 pages provided for review. There was a request for independent medical review that was signed on November 8, 2013. The gabadone, number 60 was not certified. It is a medical food. A urine toxicology report was also provided as well as urinary lab tests. There was a September 27, 2013 psychological assessment. At that time he was a 33-year-old married man employed as a construction worker. He sustained injuries to his left knee, right shoulder, lumbar and cervical spine as well as his back on December 19, 2008. He was on the fifth floor and framing a wall when he suddenly slipped and lost his balance. He fell 12 feet down onto the fourth floor. He landed on the right side of his body sustaining injury to the cervical and lumbar spine, right shoulder and right knee as well as the head

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabadone, # 60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, under Medical Foods.

**Decision rationale:** The ODG rates GABAdone as not recommended. It is a medical food from [REDACTED], that is a proprietary blend of Choline Bitartrate, Glutamic Acid, 5-Hydroxytryptophan, and GABA. The substance is made up agents with little to no proven effectiveness. One is Choline, which is a precursor of acetylcholine. There is no known medical need for choline supplementation except for the case of long-term parenteral nutrition or for individuals with choline deficiency secondary to liver deficiency. This request was appropriately not certified, based on a lack of mainstream, large scale, peer reviewed studies demonstrating effectiveness for injured worker populations. Therefore, the request is not medically necessary.