

<b>Case Number:</b>	CM14-0149279		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	11/27/2000
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 American Board of Family Practice 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:

This is a 52-year-old female claimant who sustained a work injury on November 27, 2000. She was diagnosed with chronic neck pain, right shoulder strain, tension headaches, chronic pain syndrome and cervical radiculopathy. She had undergone cervical spine fusion with multiple revisions. In a progress note on July 21, 2014 indicated the claimant had 10/10 pain without medications and 1/10 pain with medications. Examination findings were not outlined. The claimant at the time was on Gabadone at bedtime for insomnia, Norco 10 mg every eight hours and a Fentanyl patch 50 mg every three days. A progress note on September 3, 2014 indicated she had 10/10 pain without medications and 2/10 pain with medications. At the time she had been taking Fentanyl 50 g patches, using Gabadone for insomnia, Percocet every 4-6 hours and 800 mg of ibuprofen three times a day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabadone #60 with 1 refill between 8/11/14 and 10/18/14: 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) Medical Food

**Decision rationale:** Gabadone is a medical food. It 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. GABA is indicated for epilepsy, spasticity and tardive dyskinesia. There is inconclusive evidence for the use of choline. There are inadequate studies and lack of evidence to support the use of Gabadone or its constituent ingredients. Gabadone is not medically necessary.

**Fentanyl Patch 50mcg #10 with 1 refill between 8/11/14 and 10/18/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl Page(s): 93.

**Decision rationale:** According to the MTUS guidelines, Fentanyl patches are indicated for management of persistent chronic pain, which is moderate to severe requiring continuous, around-the-clock opioid therapy. The pain cannot be managed by other means (e.g., NSAIDs). In this case the claimant had been on other opioids as well as nonsteroidal anti-inflammatory drugs. There was no indication of how the pain response was with those medications alone. In addition, close opioid monitoring and contractual agreement were not noted in the notes especially while the claimant had been taking several controlled substances. Fentanyl patches for the dates in question above are not medically necessary.

**Ibuprofen 800mg #90 with 1 refill between 8/11/14 and 10/18/14.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

**Decision rationale:** According to the MTUS guidelines, NSAIDs such as Ibuprofen are recommended as an option for short-term symptomatic relief. NSAIDs are not more effective than acetaminophen for acute low-back pain. There was no documentation of Tylenol failure. NSAIDs had more adverse effects than placebo and Tylenol. In addition, the claimant had been on numerous pain medications. Individual response to the pain medications is not known. Continued and chronic use of ibuprofen for the dates in question above is not medically necessary.