

Case Number:	CM14-0010902		
Date Assigned:	02/21/2014	Date of Injury:	05/05/2005
Decision Date:	09/23/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/27/2014

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 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 385 pages of records provided for review. The application for independent medical review was signed on January 27, 2014. The diagnosis was reflex sympathetic dystrophy. Per the records provided, there was a request for gabapentin\pyridoxine 250 mg number 81 units for the date of service of October 15, 2013. The claimant was described as a 63-year-old employee who was injured via an undocumented mechanism in 2005. The documentation noted that there was continued body pain, chronic fatigue and problems sleeping. There was morning gel phenomenon which was stiffness after rest and no new joint swelling or pain in the left arm. The patient had a positive Tinel's and hyperpathia and allodynia in the left hand and wrist. Neurologic exam was normal. Current medicines are flurbiprofen, gabapentin, Sentra flox, which is a laxative and tramadol for the patient's reflex sympathetic dystrophy. The documentation did not submit indications of effectiveness of the medicine, how it is to be taken or any indication of increased functionality with use. While gabapentin can be an effective medicine, the use of the vitamin pyridoxine is a supplement. The request was not reasonable or medically necessary per the initial reviewer.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE PHARMACY PURCHASE OF GABAPENTINE/PYRIDOXINE 250 MG, #81 UNITS (ORAL COMPOUNDS) FOR DOS 10/15/13: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Medical Foods.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Pain section, Vitamin B.

Decision rationale: This medication is a combination of a B vitamin, Pyridoxine, and a neuroleptic medical food. Regarding the B vitamin, ODG notes it is not recommended. Vitamin B is frequently used for treating peripheral neuropathy but its efficacy is not clear. A recent meta-analysis concluded that there are only limited data in randomized trials testing the efficacy of vitamin B for treating peripheral neuropathy and the evidence is insufficient to determine whether vitamin B is beneficial or harmful. Likewise the Gabapentine in this context is a medical food, which is not supported in the ODG. The request is not medically necessary.