

Case Number:	CM14-0011631		
Date Assigned:	02/21/2014	Date of Injury:	06/26/2012
Decision Date:	08/07/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	01/29/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

The patient is a 52-year-old male who has submitted a claim for L3-4 right paracentral/lateral disc protrusion, L4-5 wide based disc protrusion, right lumbar radiculopathy/radiculitis, s/p lumbar fusion, associated with an industrial injury date of June 26, 2012. Medical records from 2013 through 2014 were reviewed. The latest progress report, dated 02/14/2014, showed stabbing and sharp pain to the lower back. The pain was radiating from low back to the back side of his right thigh. Physical examination revealed restriction of the range of motion of the lumbosacral spine. There was tenderness to the paralumbar area. Treatment to date has included lumbar laminectomy (August 2013), physical therapy, chiropractic treatment, acupuncture, epidural injection, home exercise, back brace, pool therapy, and medications such as Dyotin prescribed October 2013. Utilization review from 01/23/2014 denied the request for the purchase of Dyotin (Gabapentin/Pyridoxine) 250/10mg, #120 because there was no evidence based guidelines to support the safety or efficacy of compounding gabapentin with pyridoxine for the treatment of lumbar radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

DYOTIN (GABAPENTIN/PYRIDOXINE) 250/10MG, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Medical Food.

Decision rationale: As stated on page 49 of CA MTUS Chronic Pain Medical Treatment Guidelines, Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. CA MTUS does not specifically address Vitamin B6 or Pyridoxine. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, Vitamin B6 is not recommended for peripheral neuropathy as its efficacy is not clear. In this case, clinical manifestations were consistent with neuropathy; hence, Dyotin was prescribed since October 2013. However, the recent medical reports do not document functional benefits derived from its use. The medical necessity was not established. Therefore, the request for Dyotin (Gabapentin/Pyridoxine) 250/10mg, #120 is not medically necessary.