

<b>Case Number:</b>	CM14-0166695		
<b>Date Assigned:</b>	10/13/2014	<b>Date of Injury:</b>	09/12/2013
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	09/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2014

### 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 Osteopathic 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:

The patient is a 32 year old female who sustained an industrial injury on September 12, 2013. She is status post right shoulder arthroscopy on May 13, 2014. On July 3, 2014, Gabapentin/Pyridoxine 250/10 mg #60 was ordered. She is diagnosed with status post right shoulder impingement syndrome. Utilization review dated September 11, 2014 non-certified the request for Gabapentin/Pyridoxine 250/10 mg #60 ordered on July 3, 2014. The prior peer reviewer noted the Gabapentin is recommended for the treatment of chronic neuropathic pain. However, the addition of Pyridoxine (vitamin B12) would have no known benefits. The prior peer reviewer noted that these medications are available as separate generic preparations if they are actually needed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Gabapentin/Pyridoxine 250/10 mg #60, as ordered on 7/3/2014:**  
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 Antiepilepsy Drugs (AED). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Vitamin B, Co-Packed drugs

**Decision rationale:** The request for Gabapentin/Pyridoxine 250/10 mg #60, as ordered on 7/3/2014 is not medically necessary. Gabapentin may be supported for neuropathic pain. However, there is no evidence of neuropathic pain in this case. Pyridoxine is a form of Vitamin B and per ODG, Vitamin B is not recommended for the treatment of chronic pain. Furthermore, with regards to co-pack drugs, ODG states that co-packs are convenience packaging of a medical food product and a generic drug into a single package that requires a prescription. ODG further states that there is no evidence to support the medical necessity of co-packs as there are no high quality medical studies to evaluate co-packs on patient outcomes. As such, the request for Gabapentin/Pyridoxine 250/10 mg #60, as ordered on 7/3/2014 is retrospectively not medically necessary.