

Case Number:	CM15-0136037		
Date Assigned:	07/24/2015	Date of Injury:	05/18/2008
Decision Date:	08/28/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/14/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 injured worker is a 57 year old male who sustained a work related injury May 18, 2008. According to an orthopedic physician's encounter notes, dated May 26, 2015, the injured worker presented to discuss diagnostic procedure results. He has progressively degenerative stenosis L2-3 and L3-4, status post prior L4-S1 fusion. AP, lateral, flexion and extension x-rays of the lumbar spine showed age consistent degenerative disc disease and disc height loss, spondylosis, multi-factorial multi-foraminal narrowing, above a prior L4-S1 fusion, but now with degenerative retrolisthesis. Electrodiagnostic studies revealed abnormalities in the L4 nerve roots, indicating active nerve dysfunction. The physician discussed surgery; decompression and stabilization at L3-4 and a discectomy at L2-3. Physical examination revealed; he does not resist with his left leg due to severe pain on effort, tandem walking, toe walking and heel walking, impaired. Crossed femoral stretching test and straight leg raise are positive and Babinski is negative. At issue, is the request for authorization for retrospective Gabapentin / Pyridoxine compound.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Pyridoxine: 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/Compounded drugs.

Decision rationale: MTUS Guidelines do not address compounded oral drugs. ODG Guidelines address this in detail and do not recommend compounded drugs when prescribed drugs are available for the same indication. The Guidelines also do not recommend over the counter products be considered to be medically necessary as a compounded drug. The Pyridoxine is a vitamin B that is commonly available over the counter. If it were medically necessary, there is no medical reason what this could not be utilized as an over the counter supplement and not compounded with prescribed medication. Therefore the request retrospective Pyridoxine is not medically necessary.

Retrospective Gabapentin 250 mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Gabapentin.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain/Compounded drugs and Other Medical Treatment Guidelines <http://www.rxlist.com/neurontin-drug/indications-dosage.htm>.

Decision rationale: MTUS Guidelines do not address the issue of compounding drugs. ODG Guidelines address this issue in detail and do not support compounding of drugs when the drug is readily available as an FDA approved prescribed drug. Compounding the neurontin with a readily available over the counter vitamin B does not qualify for a medically necessary compound per Guideline standards. The Gabapentin 250mg. as a compounded drug is not supported by Guidelines and is not medically necessary.