

Case Number:	CM15-0145602		
Date Assigned:	08/06/2015	Date of Injury:	11/17/2014
Decision Date:	09/10/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/27/2015

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: Texas, New York, 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 applicant is a represented 47-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of November 17, 2014. In a Utilization Review report dated July 17, 2015, the claims administrator failed to approve a request for Gabapentin-pyridoxine. The claims administrator referenced an RFA form received on July 8, 2015 in its determination. On June 10, 2015, progress note, the applicant reported ongoing complaints of low back and ankle pain. The applicant was placed off of work, on total temporary disability. The applicant was given various prescriptions including orphenadrine-caffeine, gabapentin-pyridoxine, albuterol-flurbiprofen, and several topical compounded agents. The applicant was kept off of work. The stated diagnoses included herniation of lumbar intervertebral disk with radiculopathy and sprain of the right ankle with instability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin/Pyridoxine 250mg/10 milligrams, 2 capsules twice daily #120: 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: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264.

Decision rationale: No, the request for Gabapentin-pyridoxine (AKA vitamin B6) was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 11, page 264, vitamin B6 (AKA pyridoxine) is often needed in carpal tunnel syndrome when it is perceived to be deficient, but the medical evidence does not consistently support this practice. Here, the attending provider failed to furnish a clear or compelling rationale for usage of pyridoxine (vitamin B6) in the face of the tepid-to-unfavorable ACOEM position on the same for applicants with carpal tunnel syndrome. There was, furthermore, no evidence to support the proposition that the applicant in fact carried a diagnosis of vitamin B6 insufficiency. There was likewise no evidence that the applicant in fact carried a diagnosis of carpal tunnel syndrome. Since the pyridoxine (vitamin B6) a component of the amalgam was not indicated, the entire amalgam was not indicated. Therefore, the request was not medically necessary.