

Case Number:	CM15-0180619		
Date Assigned:	09/22/2015	Date of Injury:	11/03/2010
Decision Date:	10/26/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/14/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 48-year-old female, who sustained an industrial injury on 11-03-2010. The injured worker was diagnosed as having extruded L5-S1 intervertebral disc - radiculopathy left lower extremity, chronic ulnar nerve neuritis left elbow- chronic epicondylitis left elbow, chronic carpal tunnel syndrome left wrist and patellofemoral contusion knees. On medical records dated 08-13-2015 and 02-26-2015, the hand written documentation was difficult to decipher. Subjective complaints were noted as herniated nucleus pulposus low back, numbness in hands, left elbow-left hand--positive ulnar nerve on the left. The objective findings were noted as low back range of motion decreased with a positive straight leg raise and positive ulnar nerve sensory deficits, positive ulnar pain and left elbow. No pain scale or change in functional level was documented on 08-13-2015 or 02-26-2015 progress notes. The injured worker was noted to be not working. Treatment to date included pool exercise, medication and home exercise. Current medication was not noted on 08-13-2015. The Utilization Review (UR) was dated 11-03-2010. The UR submitted for this medical review indicated that the request for Gabapentin 250mg-Pyridoxine 100mg qty: 18.00 (Retrospective dos: 08-13-2015) was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 250mg/Pyridoxine 100mg qty:18.00 (Retrospective dos:08/13/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Co-pack drugs.

Decision rationale: The claimant sustained a work injury in November 2010 and for a lumbar disc herniation and left elbow and hand pain including a diagnosis of ulnar neuropathy. When seen, there was decreased lumbar spine range of motion with positive straight leg raising. There was ulnar nerve sensitivity and decreased left-hand strength. Authorization is being requested for compounded oral Gabapentin with pyridoxine. A three-day supply was provided indicating intended dosing of six tablets per day. Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration of at least 1200 mg per day. In this case, the claimant's requested Gabapentin dosing is consistent with that recommendation. However, there would be no need to use a compounded formulation and the request is not medically necessary for this reason.