

<b>Case Number:</b>	CM15-0022934		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	09/30/2013
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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, Washington

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:

The injured worker is a 57-year-old male who reported an injury on 09/30/2014. The mechanism of injury was not provided. His past treatments were noted to include physical therapy, surgery, activity modification, and medications. His symptoms included pain of the bilateral shoulders, cervical spine, and lumbar spine. Physical examination findings included upper arm pain, stiffness, and weakness to the left shoulder. The treatment plan included a request for arthroscopic surgery of the left shoulder to repair a rotator cuff tear. Other recommendations included a urine toxicology screening for medication management and medication refills. His medications were noted to include hydrocodone/APAP 2.5/325 mg for pain relief, cyclobenzaprine 7.5 mg for muscle relaxant, diclofenac ER 100 mg for inflammation and swelling, tramadol ER 150 mg, and pantoprazole ER 20 mg to prevent gastritis. It was noted that the injured worker was also given a prescription for orphenadrine/caffeine 10/50 mg, gabapentin/pyridoxine 250/10 mg to be used twice a day, omeprazole/flurbiprofen 10/100 mg, and topical analgesics for pain and inflammation. A rationale for the requested gabapentin/pyridoxine was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin/Pyridoxine 250mg/10mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 18-19. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, B vitamins & vitamin B complex.

**Decision rationale:** According to the California MTUS Guidelines, antiepilepsy drugs are considered first line treatment for neuropathic pain. In regard to pyridoxine, the Official Disability Guidelines state B vitamins are not recommended for the treatment of chronic pain unless treatment is associated with documented vitamin deficiency. The clinical information submitted for review did not indicate that the injured worker has a significant vitamin deficiency. In addition, neuropathic pain was not clearly outlined to warrant use of gabapentin. For these reasons, the request is not supported. In addition, the request as submitted did not indicate a frequency. As such, the request is not medically necessary.