

<b>Case Number:</b>	CM15-0059369		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	02/14/2014
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	03/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 44 year old female, who sustained an industrial injury on 02/14/2014. The initial complaints and diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, x-rays, and conservative therapies. Currently, the injured worker reports decreased pain to the left shoulder, soreness to the cervical spine and pain to the lumbar spine. There was noted increase in spasms and tenderness. The diagnoses include displacement of lumbar intervertebral disc without myelopathy, other specified disorders of bursae and tendons in shoulder, and pain in joint-shoulder region. The treatment plan consisted of medications (including gabapentin/pyridoxine and Kera Tek gel), psychiatric consultation, physical therapy, acupuncture, aquatic therapy, interferential unit, urine toxicology screening, and follow-up.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); AED's (anti-convulsant).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Gabapentin and Other Medical Treatment Guidelines <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a682587.html>.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Gabapentin/Pyridoxine 250/10 mg #120 refills is not medically necessary. Gabapentin is recommended for some neuropathic pain conditions in fibromyalgia. Gabapentin is associated with a modest increase in the number of patients experiencing meaningful pain reduction. Gabapentin is an anti-epilepsy drug (AED). Gabapentin is considered a first-line treatment for neuropathic pain. Pyridoxine is used to treat and prevent vitamin B6 deficiency resulting from poor diet, certain medications and some medical conditions. In this case, the injured workers working diagnoses are disorders of bursa and tendons in the shoulder region; and pain in joint shoulder region. Subjectively, according to a February 19, 2015 progress note, the injured worker was seen in follow the left shoulder, cervical spine and lumbar spine. She states she is doing well but remains symptomatic. There is no history of a vitamin B6 deficiency. Objectively, the injured worker has upper arm tenderness, stiffness and weakness. X-rays of the left shoulder and left humerus do not show increased osteoarthritis. There is no clinical indication or rationale for the Pyridoxine 10mg component of Gabapentin/pyridoxine 250/10 mg. Consequently, absent clinical documentation with a clinical indication and rationale for Pyridoxine 10mg, Gabapentin/Pyridoxine 250/10 mg #120 refills is not medically necessary.