

<b>Case Number:</b>	CM15-0081659		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	03/27/2011
<b>Decision Date:</b>	06/02/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 56-year-old female, who sustained an industrial/work injury on 3/27/11. She reported initial complaints of bilateral hand/wrist, elbow and shoulder pain. The injured worker was diagnosed as having carpal tunnel syndrome, joint pain to shoulder, lesion of ulnar nerve, and rotator cuff tear. Treatment to date has included medication and diagnostics. Currently, the injured worker complains of pain in hands/wrists, bilateral elbows, and bilateral shoulders that was reported as 'same as prior visit' and involves multiple body parts. Per the primary physician's progress report (PR-2) on 3/25/15, examination revealed soreness over the incision site. Pain was reported as 7/10. X-rays demonstrated no increase in osteoarthritis or soft tissue swelling. Current plan of care included physical therapy for the left wrist and left shoulder. The requested treatments include Gabapentin/pyridoxine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin/pyridoxine 250mg/10mg twice a day #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Gabapentin Page(s): 49.

**Decision rationale:** According to MTUS guidelines, "Gabapentin is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." There was no documentation that the patient is suffering from neuropathic pain including diabetic neuropathic pain or post-herpetic neuralgia condition. There is no documentation the combination of Gabapentin with pyridoxine is more effective than Gabapentin for pain management. Therefore, the prescription of Gabapentin/pyridoxine 250mg/10mg twice a day #120 is not medically necessary.