

Case Number:	CM14-0218961		
Date Assigned:	01/09/2015	Date of Injury:	07/23/2002
Decision Date:	03/10/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/31/2014

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

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 58 year old female, who sustained an industrial injury on 7/23/2002. She has reported pain to the head, neck, back and bilateral upper extremities. The diagnoses have included chronic pain syndrome, right shoulder impingement syndrome, right acromio-clavicular cartilage disorder, bursitis and tendinitis. Treatment to date has included chiropractic care, steroid injections to right subacromial space, and oral medications. Currently, the IW complains of neck pain, back pain and right shoulder pain rated as 6/10 VAS. Cervical spine Range of Motion (ROM) was 75% of full, full Range of Motion (ROM) of right shoulder with pain, and lumbar spine flexion 30/90, extension 10/25, and right/left lateral flexion was 15/25 on December 3, 2014. The plan of care included possible shoulder injection, request for chiropractic care, and refill orders for ibuprophen and nortriptyline. On 12/4/14 the Utilization Review non-certified a retrospective request for gabapentin 500mg - pyrid 10 mg-GP cap #60, noting the lack of documentation to support medical necessity. The Official Disability Guidelines (ODG) were cited. On 12/31/214, the injured worker submitted an application for IMR for review of Gabapentin 500mg - Pyrid 10 mg caps QTY #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

GABA500MG/PYRID10MG-GP CAPS #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Treatment in Workers

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation Pain (Chronic) Compound drugs. Pain (Chronic) Vitamin B.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines indicate that (Page 111) any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Official Disability Guidelines (ODG) indicates that compound drugs are not recommended as a first-line therapy. In general, commercially available, FDA-approved drugs should be given an adequate trial. If these are found to be ineffective or are contraindicated in individual patients, compound drugs that use FDA-approved ingredients may be considered. Pharmacy compounding has traditionally involved combining drug ingredients to meet the needs of specific patients for medications that are not otherwise commercially available, and it is undertaken on a patient-by-patient basis for patients who, for example, might be allergic to inactive ingredients in FDA-approved drugs or may need a different dosage strength or route of administration. The issues surrounding compound drugs are due to uncertainties regarding whether the products are medically appropriate. Criteria for compound drugs were presented. Include at least one drug substance (or active ingredient) that is the sole active ingredient in an FDA-approved prescription drug, not including OTC drugs. Is not a copy of a commercially available FDA-approved drug product. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Pyridoxine is Vitamin B6 is available over the counter. Gabapentin is a commercially available FDA-approved drug. Medical Treatment Utilization Schedule (MTUS) does not address Pyridoxine. Pyridoxine is Vitamin B6. Official Disability Guidelines (ODG) indicates that Vitamin B is not recommended for the treatment of chronic pain. The request for compounded Gabapentin-Pyridoxine capsules is not supported by ODG guidelines. Therefore, the request for compounded Gabapentin-Pyridoxine capsules is not medically necessary.