MAXIMUS Federal Services

Case Number:	CM15-0121243		
Date Assigned:	07/08/2015	Date of Injury:	03/13/2015
Decision Date:	08/10/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/23/2015

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: Pennsylvania
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 61 year old male who sustained a work related injury on 3/13/15. The diagnoses have included lumbar spine radiculopathy, lumbar spine stenosis and lumbar spondylolisthesis. Treatments and evaluation have included x-rays of lumbar spine, MRI of lumbar spine, physical therapy, medications, use of a cane and back brace, and a lumbar injection. In the PR-2 dated 5/12/15, the injured worker complains of low back and leg pain. He also complains of arm pain. He states the pain is constant and worsening with time. He rates the pain level a 9-10/10. He has pain that radiates to right leg, right gluteal area, posterior thigh to the posterior side of lower leg stopping at the heel. In the thigh, there is numbness, tingling and weakness at L2-3 dermatome. In the arm, it is along the C8 dermatome. He has moderate tenderness to touch of spine. He is not working at the present time and work status was noted as off work. The treatment plan includes prescriptions for medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 250mg/Pyridoxine 100mg #9 dispensed 5/12/2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs, Gabapentin Page(s): 16-22, 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter: B vitamins and vitamin B complex.

Decision rationale: Per CA MTUS guidelines, Gabapentin is an anti-epilepsy drug (AED - 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. This injured worker has a diagnosis of radiculopathy. There are no neurodiagnostic studies included in the medical records that demonstrate neuropathy. The MTUS notes the lack of evidence for treatment of radiculopathy. The ODG states that B vitamins and vitamin B complex are not recommended for the treatment of chronic pain unless this is associated with documented vitamin deficiency. There was no documentation of deficiency of vitamin B6 (pyridoxine) for this injured worker. Due to lack of specific indication, the request for Gabapentin 250mg/Pyridoxine 100mg is not medically necessary.