

<b>Case Number:</b>	CM13-0019667		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	03/12/2003
<b>Decision Date:</b>	01/06/2014	<b>UR Denial Date:</b>	08/12/2012
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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/services.

### 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 applicant is a represented [REDACTED] who has filed a claim for chronic neck, low back, and elbow pain reportedly associated with an industrial injury of March 12, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; multiple prior cervical spine surgeries, in 2005, 2006, and 2012; left elbow surgery in 2012; attorney representation; and extensive periods of time off of work, and is total temporary disability. In a utilization review report of August 12, 2013, the claims administrator denied a request for gabapentin and acetyl carnitine. The applicant's attorney later appealed, on August 30, 2013. A clinical progress note of August 15, 2013 is notable for comments that the applicant reports multifocal 5-9/10 headaches, neck pain, arm pain, elbow pain, wrist pain with associated numbness and tingling. Diminished range of motion with tenderness with multiple body parts is reported on the exam. The applicant is given prescriptions for tramadol, Norco, and numerous topical compounds while remaining off of work on "permanent disability." Also reviewed is an August 2, 2013 operative report, in which the applicant undergoes wrist arthroscopy with intra articular shaving, coupled with an open scapholunate ligament reconstruction. An earlier note of May 21, 2013 is notable for comments that the applicant again has multifocal pain complaints. The applicant is issued prescriptions for gabapentin, tramadol, L-carnitine, Norco, and Oxycodone in conjunction with several topical compounds while remaining off of work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin #9:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Recommended Treatment Guidelines Page(s): 19.

**Decision rationale:** According to the MTUS Chronic Pain Medical Treatment Guidelines, an adequate trial of gabapentin comprises of three to eight weeks for titration purposes and one to two weeks on maximum tolerate dosage. In this case, the applicant had used gabapentin has exceed the amount indicated in the MTUS. There was no evidence of functional improvement as defined by the measures established in the MTUS, which would have justified continuation of gabapentin. The employee has not returned to any form of work and has not made functional improvements in terms of performance of activities of daily living. The employee's ongoing usage of multiple analgesic and adjuvant medications reflects a lack of reduction in dependence on medical treatment. The request for Gabapentin, quantity 9 is not medically necessary and appropriate.

**Acetylcarnitine #9:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Medical Food..

**Decision rationale:** The MTUS does not address the topic. The Official Disability Guidelines (ODG) chronic pain chapter, medical foods topic notes that medical foods such as carnitine are only recommended in cases in which an applicant has a diagnosis or disease process with the specific nutritive requirement. In this case, however, there is no indication or evidence of the employee's chronic pain issues, if they have any specific nutritive requirement and/or will benefit from ongoing usage of a medical food such as acetyl carnitine. The request for acetyl carnitine, quantity 9 is not medically necessary appropriate.