

Case Number:	CM13-0037879		
Date Assigned:	12/18/2013	Date of Injury:	06/06/2009
Decision Date:	02/28/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/24/2013

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 Orthopedic Surgery 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 57 year old female who reported an injury on 06/06/2009. The mechanism of injury was not provided. The subsequent injury was to her right shoulder. The initial course of treatment was not provided in the medical records but it is known that she received a right rotator cuff repair on an unknown date. The patient appears to have incurred low back pain at some point in time since the initial injury, had positive EMG findings of lower extremity radiculopathy, and was treated with a lumbar steroid injection with noted relief. The patient's current complaints include neck pain that radiates to her right upper extremity, low back pain and left hip pain that radiates to her left leg, as well as myospasm and myofascial trigger points of an unspecified location. Her current diagnoses include lumbar degenerative disease with radiculopathy, bilateral thoracic myofascial trigger points with myospasm, thoracolumbar spondylosis, cervicgia with radiculopathy, depression, and chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective dispersion of acetyl-l-carnitine, duration and frequency unknown, dispensed on 08/21/2013 and 08/23/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical/compound analgesics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pae, C. U., & Patkar, A. A. (2013). Clinical Issues in Use of Atypical Antipsychotics for Depressed Patients. CNS drugs, 1-7; and Campone, M.,

Berton-Rigaud, D., Joly-Lobbedez, F., Baurain, J. F., Rolland, F., Stenzl, A., & Pautier, P. (2013). A Double-Blind, Randomized Phase II Study to Evaluate the Safety and Efficacy of Acetyl-L-Carnitine in the Prevention of Sagopilone-Induced Peripheral Neuropathy. *The oncologist*, 18(11), 1190-1191.

Decision rationale: The California MTUS/ACOEM, and Official Disability Guidelines did not address the use of acetyl-l-carnitine, therefore an alternate source was supplemented. Available information states that acetyl-l-carnitine may be used to treat depression, memory loss, Alzheimer's Disease, neuropathic pain, and low male testosterone levels. In the article titled "Atypical antipsychotics for Depressed Patients" a study was performed to determine the efficacy of alternative medications, such as acetyl-l-carnitine, in the treatment of depression. The results showed limited evidence of any benefit, and recommended that further studies be conducted. In regard to the treatment of neuropathy, the article titled "Randomized Phase II Study of Acetyl-l-carnitine in the prevention of Sagopilone Induced Neuropathy" revealed that in patients suffering from chemotherapy induced peripheral neuropathy, there was no significant difference in neuropathy levels between the placebo group and the group receiving acetyl-l-carnitine. There have been no other recent human trials in relation to acetyl-l-carnitine and peripheral neuropathy. As such, there is no evidence to support its use in the treatment of neuropathic pain or depression, and the request for a retrospective dispersion of acetyl-l-carnitine, duration and frequency unknown, on 08/21/2013 and 08/23/2013 is non-certified.