

<b>Case Number:</b>	CM13-0055420		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	06/22/2011
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	11/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2013

### 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. The expert 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 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/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:

This is a 46-year-old male with a 6/22/11 date of injury. While at work, his left leg stepped into a 30-inch diameter hole that was 8-10 feet deep, jerking him down into the hole with his right leg staying above ground. He fell to his chest with both arms above ground and hit his back and left shoulder going down. He noted near immediate pain in his low back and right pain. In a progress note dated 10/22/13 he complained of constant severe low back pain radiating into his hips and groin and to the level of his right leg to his knee. He noted numbness in his left leg. He experienced constant right shoulder tenderness and restriction of motion, constant right knee pain with swelling and clicking, and intermittent neck tenderness with radiation into his right shoulder. The patient stated his left shoulder occasionally clicks with range of motion and he has occasional numbness in his left hand. Objective findings: patient is morbidly obese, tenderness upon palpation of the the paracervical muscles and trapezius muscles, slightly diminished sensation below the right elbow and minimally diminished sensation below the left arm, antalgic gait, mild to moderate tenderness of the posterior superior iliac spine and paravertebral muscles bilaterally, and tenderness upon palpation of the anterior hips. Diagnostic impression: lumbar radiculitis, lumbar sprain/strain, internal derangement (bilateral hips), status post right knee surgery, anxiety, depression, insomnia. Treatment to date: medication management, activity modification, surgery. A UR decision dated 11/13/13 denied the request for gabapentin/L-carnitine. Combination medications are not medically rationalized. Additionally, nutrient supplements are not supported by CA MTUS guidelines. According to guidelines, dietary supplements should not be reimbursable unless there is a specific dietary deficiency that has been clinically established in an injured employee as a result of the industrial injury or illness. There is no clinical information suggesting that the patient has a deficiency of L-carnitine for which supplementation would be necessary. Also of note, there is no indication that the patient has not

responded to standard gabapentin prescribed alone. There is no medical support for this combination medication given that the patient can be prescribed gabapentin in its standard FDA approved form. The addition of L-carnitine to this medication is not medically appropriate or indicated.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **PRESCRIPTION OF GABAPENTIN/L-CAMITINE 250/125 #12: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Complimentary, Alternative Treatments Or Dietary Supplements, Etc..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 16-17. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Other Medical Treatment Guideline or Medical Evidence:L-Acetylcarnitine: A Proposed Therapeutic Agent for Painful Peripheral Neuropathies, Current Neuropharmacology July 2006.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines states that Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The patient is currently taking Gabapentin for his neuropathic pain, however, there is no documentation regarding the efficacy of the medication in this patient, or rationale provided as to why Gabapentin alone is not sufficient for the patient's pain. A journal article titled, L-Acetylcarnitine: A Proposed Therapeutic Agent for Painful Peripheral Neuropathies states that L-acetylcarnitine has been tested in clinical trials and can be considered a therapeutic agent in neuropathic disorders including painful peripheral neuropathies. There is no rationale or indication provided for the treatment with the requested medication. In addition, there is no rationale provided as to why the patient needs a compounded, combination product as opposed to the medications separately. Therefore, the request for Gabapentin 550MG/Acetyl-L-Carnitine 75mg-sig: take 1 cap 1-4 times daily as needed for neuropathic pain is not medically necessary.