

<b>Case Number:</b>	CM13-0060944		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/10/2013
<b>Decision Date:</b>	04/10/2014	<b>UR Denial Date:</b>	11/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in Texas. 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:

The patient is a 65-year-old female who reported injury on 07/10/2013. The mechanism of injury was noted to be a cumulative trauma. The patient's diagnoses were noted to include lumbago, congenital spondylolisthesis and lumbar radiculopathy. The documentation dated 09/05/2013 revealed the patient had a request for an authorization of a topical compound, a urinalysis and a referral to pain management for evaluation. The submitted request was in response to the patient's pain medications. The request was made for tramadol/acetyl-L-Carnitine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**retrospective request for One Prescription Tramadol/Acetyl-L-Carnitine 40/125mg, #90 between 10/1/2013 and 10/1/2013: 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), Pain Chapter, Compound Drugs.

**Decision rationale:** Official Disability Guidelines do not recommend compound drugs as a first line therapy for most patients but recommend them as an option after a trial of first line FDA approved drugs if the compound uses FDA approved ingredients that are recommended in Official Disability Guidelines. A thorough search of evidence-based guidelines and peer reviewed medical literature including National Guideline Clearinghouse and the National Institutes of Health, and PubMed Databases revealed there was a failure to address the compounding of tramadol with L-carnitine as an oral medication. Clinical documentation submitted for review failed to supply the DWC Form RFA with the listed ingredients and the documented rationale for the request. There was a lack of documentation indicating the patient had failed first line therapy. Given the above, the retrospective request for one prescription tramadol/acetyI-L-carnitine 40/125 mg, #90 between 10/1/2013 and 10/1/2013 is not medically necessary.