

Case Number:	CM14-0003545		
Date Assigned:	01/31/2014	Date of Injury:	04/11/2012
Decision Date:	06/19/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/08/2014

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, 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:

The injured worker is a 57 year old male with a date of injury of 4/11/12. The mechanism of injury was not provided with the documentation available for review. According to the clinical note dated 8/16/13 the injured worker's pain was rated 4/10 without medication. The injured worker complained of constant cervical, lumbar and left shoulder pain, as well as left wrist pain. According to the clinical note dated 10/24/13, the injured worker's lumbar range of motion demonstrated extension at 15/25, flexion at 50/60, and right and left lateral bending were at 25/25. The injured worker presented with a positive Kemp's test and straight leg raise bilaterally. The injured worker's diagnoses included cervical myofascitis, cervical radiculopathy, cervical sprain/strain, lumbar myospasm, lumbar sprain/strain, left rotator cuff tear and left shoulder impingement syndrome, left carpal tunnel syndrome, anxiety, and depression. The injured worker's medication regimen included Flexeril, Naproxen, Norco, Protonix, and Sonata.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL/ACETYL- L CARNITINE 10.125MG, #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 79-81

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-75. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Medical Foods.

Decision rationale: According to the California MTUS guidelines, Tramadol is a centrally acting analgesic, and synthetic opioid. Tramadol is recommend in managing neuropathic pain. The Official Disability Guidelines state that Acety L-Carnitine is a medical food. Medical foods are recommended when administered under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements are established by medical evaluation, based on recognized scientific principles. Acetyl-L-carnitine is an amino acid (a building block for proteins) that is naturally produced in the body. It helps the body produce energy. Acetyl-L-carnitine is used for a variety of mental disorders including Alzheimer's disease, age-related memory loss, late-life depression, thinking problems related to alcoholism, and thinking problems related to Lyme disease. It is also used for Down syndrome, poor circulation in the brain, cataracts, nerve pain due to diabetes, nerve pain due to drugs used in the treatment of AIDS, and facial paralysis. Although the injured worker had a diagnosis of depression, the guidelines recommend tricyclic antidepressants as a first-line option; it was unclear if the injured worker has tried and failed tricyclic antidepressant medications. It was unclear why the injured worker would require a compounded medication as opposed to separate medications. The requesting physician's rationale for the request was unclear. As such, the request is not medically necessary.