

Case Number:	CM14-0007151		
Date Assigned:	02/07/2014	Date of Injury:	09/19/2008
Decision Date:	07/14/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/19/2014

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 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:

The patient is a 57-year-old male who has submitted a claim for cervical spondylosis and degenerative disc disease, status post three-level cervical fusion (08/23/2013); myospasm with myofascial trigger points; bilateral occipital neuralgia and cervicogenic headaches, and chronic pain secondary to trauma; associated with an industrial injury date of 09/19/2008. Medical records from 03/24/2009 to 02/10/2014 were reviewed and showed that patient complained of neck pain radiating to the head. Patient notes numbness in the upper extremities at night. Physical examination showed tenderness throughout the cervical area. Spasms and myofascial trigger points are noted in the cervicothoracic region and occipital ridge. Range of motion is limited. Reflexes were symmetric and 2+. Manual testing was normal. Sensation was intact. Treatment to date has included medications, physical therapy, and anterior cervical discectomy and fusion with instrumentation and insertion of cages and bone graft (08/23/2013). Utilization review, dated 12/31/2013, denied the request for Gabapentin 550mg - Acetyl-L-carnitine 75mg (compound) because the patient had no objective or functional benefit from its use.

IMR ISSUES, DECISIONS AND RATIONALES

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

GABAPENTIN 550MG-ACETYL-L-CARNITINE 75MG(COMPOUND): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic drugs Page(s): 16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Medical Food and Compound Drugs.

Decision rationale: As stated on page 16 of the CA MTUS 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. In addition, the ODG states that L-carnitine is a medical food, which may be used if there is distinctive nutritional requirement, and that compound drugs are not approved by the FDA. In this case, the patient has been prescribed Gabapentin 550mg-Acetyl-L-carnitine 75mg since October 2013 for neuropathic pain. However, there is no discussion concerning the need to provide gabapentin with a compounded L-carnitine. Furthermore, there is no evidence that patient has a nutritional deficiency necessitating intake of medical food. The medical necessity has not been established. The quantity is likewise not specified. Therefore, the request for Gabapentin 550mg-Acetyl-1-Carnitine 75mg(Compound) is not medically necessary.