

Case Number:	CM14-0011707		
Date Assigned:	02/21/2014	Date of Injury:	07/06/2012
Decision Date:	07/22/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/29/2014

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 46 year old female, with a date of injury of 7/6/12. She developed bilateral wrist and hand pain on a cumulative basis secondary to work as a cook. She has been treated with extensive physical therapy, acupuncture and chiropractic. Her exam findings have included diffuse bilateral wrist discomfort increased with motion and palpation. Diagnosis have included carpal tunnel syndrome and tendonitis. She is frequently treated/evaluated by a chiropractor. She has frequent office visits for dispensing of medications and compounds.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR MEDICATION PRESCRIBED (TRAMADOL/ACETYL-L-CARMIRINE HCL DISPENSED ON 11/22/2013 FOR RIGHT TENDONITIS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Initiating Therapy Page(s): 77,93. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain; Compounded Drugs.

Decision rationale: The medication in question is a compounded mix of Tramadol (an opioid) and L-Carnitine (an amino acid produced by the body). In addition, the patient is provided other medications including Hydrocodone (an Opioid) and a mix of topical compounds some of which include topical Tramadol. MTUS Chronic Pain Guidelines discourage the use of 2 short acting Opioid medications and no rationale is given to support use of both Tramadol and Hydrocodone on an exceptional basis. In addition, there is no medical evidence to support the compounding of Tramadol with the amino acid L-Carnitine. L-Carnitine is readily available in health food stores as a supplement. If there was an established medical need for it, there is no reason to compound it with an unusual dose of an opioid pain medication. ODG Guidelines address this issue in detail and clearly do not support compounding a legitimate drug with over the counter products. The Tramadol/LCarnitine is not medically necessary.