

Case Number:	CM14-0014971		
Date Assigned:	02/28/2014	Date of Injury:	10/22/2012
Decision Date:	06/27/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/06/2014

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 Orthopaedic Surgery and is licensed to practice in Mississippi. 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 39-year-old individual sustained an injury on 10/22/2012. Mechanism of injury is a fall off of the ladder. There are ongoing complaints of headaches, neck pain, upper/mid back pain, low back pain radiating to the legs with weakness, left shoulder pain, left elbow pain and left wrist pain. A progress note dated 1/22/2014 documented a physical exam which shows spasm and tenderness over the cervical paravertebral musculature, upper trapezium and scapular area; symmetrical reflexes bilaterally; 4/5 deltoid motor strength bilaterally, otherwise 5/5 strength in the upper extremities bilaterally. Shoulder exam revealed tenderness to the left AC joint with positive Hawkin's sign. Elbow exam revealed tenderness to the left lateral epicondyle. Wrist exam reveals tenderness over the distal radius on the left; Phalen's and reverse Phalen's testing positive on the left with mild pain; 2-point examination is less than 8 mm in the left hand. Lumbar spine exam revealed tenderness and spasm in the paravertebral muscles, pain with lumbar range of motion; normal gait without assistive device; negative straight leg raise. MRI of the cervical spine dated 11/26/2012 demonstrates several small disc bulges from C3 to C7 with mild canal narrowing but no foraminal stenosis. MRI of the thoracic spine dated 11/20/2012 was unremarkable. MRI lumbar spine dated 11/26/2012 demonstrates straightening of the lumbar lordosis and three small disc bulges at L3/4, L4/5 and L5/S1 with bilateral mild moderate foraminal/lateral recess stenosis. MRI of the brain dated 11/20/2012 is unremarkable. MRI of the left elbow dated 11/21/2012 demonstrates a common extensor partial-thickness tear and tendinosis; humeral ulnar and radiocapitellar joint effusions. MRI of left shoulder dated 11/21/2012 demonstrated supraspinatus and infraspinatus tendinosis. MRI of the left wrist dated 11/21/2012 demonstrates two ganglion cysts and a pisotriquetral synovial cyst. Treatment documented includes: percutaneous epidural decompression neuroplasty of the cervicothoracic nerves and cervical median branch blocks from bilaterally C3 to C7 under fluoroscopy on

10/14/2013, 11/11/2013 and 12/9/2013; as well as percutaneous epidural decompression neuroplasty of the lumbosacral nerves and lumbar median branch blocks bilaterally from L3 to S1 under fluoroscopy on 8/19/2013 and 9/16/2013. Current medications: Ambien 10 mg, Hydrocodone 10/325 mg, Cartivisc 500/00/150mg, Naproxen 550mg, Prilosec 20mg and Cyclobenzaprine 7.5mg. Diagnosis: Lumbosacral Radiculopathy, Cervical Radiculopathy, Cervical Facet Joint Syndrome, Left Shoulder Impingement, Left Lateral Epicondylitis, Left Wrist Tendinitis/Bursitis and Carpal Tunnel Syndrome. Request has been made for Tramadol/ L-Carnitine 40/125 MG #90 and Baclofen/Flurbiprofen/Acetyl-Carnitine 7/60/125 MG #90. The non-certification dated 1/30/2014 appears to be based on lack of documentation of functional improvement with tramadol, clinical indications of Baclofen, and no scientific evidence to support the use of L-Carnitine or Acetyl-Carnitine.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 TRAMADOL/ L-CARNITINE 40/125 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-78.

Decision rationale: The Chronic Pain Treatment Guidelines support the use of Tramadol for short-term use after there is been evidence of failure of a first-line option, evidence of moderate to severe pain, and documentation of improvement in function. Given the clinical presentation and lack of documentation of functional improvement with Tramadol, the request is not considered medically necessary. A search of California Medical Treatment Utilization Schedule (CAMTUS), Official Disability Guidelines (ODG), and American College of Occupational and Environmental Medicine (ACOEM) practice guidelines failed to reveal any guidance or scientific evidence to support the use of L-carnitine in chronic pain; therefore, it is considered experimental and not considered medically necessary.

90 BACLOFEN/FLURBIPROFEN/ACETYL-CARNITINE 7/60/125 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-78.

Decision rationale: The Chronic Pain Treatment Guidelines support the use of baclofen for spasticity and muscle spasm in multiple sclerosis or spinal cord injuries. The injured worker has no signs and symptoms consistent with myelopathy or multiple sclerosis; MRIs of the brain, cervical, thoracic and lumbar spine fail to show high signal within the brain or spinal cord, and there is no cord compression/deformity noted. The request for baclofen is not considered

medically necessary. Flurbiprofen can be used for mild to moderate pain associated with osteoarthritis per the MTUS guidelines; however, in combination as above it is not considered medically necessary. A search of California Medical Treatment Utilization Schedule (CAMTUS), Official Disability Guidelines (ODG), and American College of Occupational and Environmental Medicine (ACOEM) practice guidelines failed to reveal any guidance or scientific evidence to support the use of L-carnitine in chronic pain; therefore, it is considered experimental and not considered medically necessary.