

Case Number:	CM14-0123572		
Date Assigned:	08/08/2014	Date of Injury:	02/27/1985
Decision Date:	09/11/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/05/2014

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 & Rehabilitation, has a subspecialty in Pain Management 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 54-year-old male with date of injury of 02/27/1995. The listed diagnoses per Dr. [REDACTED] dated 06/30/2014 are: 1. Status post right hip replacement. 2. Pending 07/18/2014 right wound revision. 3. Improved right L4-L5 radicular pain from L4-L5 disk protrusion. According to this report, the patient no longer is having right leg numbness following the right L4 and L5 transforaminal epidural injections. He notes without the opiates, his pain level is 8/10 to 9/10 and with Duragesic patch, it is between 6-7/10. He also states that with Opana, his pain level drops between 5-6/10. He denies weakness or loss of bowel movement or bladder control. The physical exam shows there is a healing anterior thigh skin graft. There is full strength in the bilateral iliopsoas, quadriceps, tibialis anterior, toe flexors, and toe extensors. The utilization review denied the request on 07/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

L-Carnitine 250mg Tablets: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Official Medical Fee Schedule General Instructions pg.7, DIETARY Supplements.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation According to LC4610.5(2) "Medically necessary" and "medical necessity" mean medical treatment that is reasonably required to cure or relieve the injured employee of the effects of his or her injury and based on the following standards, which shall be applied in the order listed, allowing reliance on a lower ranked standard only if every higher ranked standard is inapplicable to the employee's medical condition: (A) The guidelines adopted by the administrative director pursuant to Section 5307.27.; (B) Peer-reviewed scientific and medical evidence regarding the effectiveness of the disputed service.; (C) Nationally recognized professional standards.; (D) Expert opinion.; (E) Generally accepted standards of medical practice.; (F) Treatments that are likely to provide a benefit to a patient for conditions for which other treatments are not clinically efficacious. In this case, the highest ranked standard is likely (D) Expert opinion or (E) generally accepted standards of medical practice.

Decision rationale: This patient presents with back pain and hip pain. The patient is status post right hip replacement, the date of which is unknown. The MTUS, ACOEM, and ODG Guidelines do not address this request. L-Carnitine is a naturally occurring substance that the body needs for energy. Levocarnitine is used to treat Carnitine deficiency. The report making the request was not provided for review to determine the rationale behind the request. It is unclear why the patient would need such a supplement when the documents do not show that the patient has an L-Carnitine deficiency. Given the lack of support from the guidelines, the medical necessity of L-Carnitine was not established. Therefore, the request is not medically necessary.