

Case Number:	CM14-0126952		
Date Assigned:	08/13/2014	Date of Injury:	07/11/2012
Decision Date:	10/03/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/11/2014

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 Family 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 47-year-old male who has submitted a claim for lumbar disc protrusion, lumbar musculoligamentous injury, and lumbar radiculopathy associated with an industrial injury date of 7/11/2012. Medical records from 9/11/13 up to 3/24/2014 were reviewed showing intermittent moderate achy, burning upper/mid back pain between the shoulder blades. He also complains of intermittent moderate sharp and burning low back pain with prolonged sitting. Pain is 7/10 in severity. Lumbar spine examination showed +3 tenderness and spasms of the lumbar paravertebral muscles. SLR (straight leg raise) was positive. Treatment to date has included Tramadol/acetyl-L-carnitine HCL 40/125mg, Zolpidem, omeprazole, Cartivisc, Norco, cyclobenzaprine, and medical creams. Utilization review from 7/11/2014 denied the request for Tramadol/acetyl-L-carnitine HCL 40/125mg, #90, between 11/6/2013 and 4/16/2014. Peer-reviewed medical literature failed to locate any support for the use of acetyl-L-carnitine in the treatment of chronic pain complaints, either separately or in compounds with medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol/acetyl-L-carnitine HCL 40/125mg, #90, between 11/6/2013 and 4/16/2014:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Medical Food and Compound Drugs

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The ODG states that L-carnitine is a medical food, which may be used if there is distinctive nutritional requirement. In addition, ODG states that compound drugs are not approved by the FDA. In this case, the patient has been taking Tramadol/acetyl-L-carnitine HCL 40/125mg since at least 11/2013. There was no documentation of pain relief and functional improvement. Furthermore, UDS (urine drug screen) done on 2/17/14 and previous screenings showed inconsistent results. There is no discussion concerning the need to provide tramadol with a compounded L-carnitine. Moreover, there is no evidence that the patient has a nutritional deficiency necessitating intake of medical food. Therefore the request for Tramadol/acetyl-L-carnitine HCL 40/125mg, #90, between 11/6/2013 and 4/16/2014 is not medically necessary.