

<b>Case Number:</b>	CM14-0160630		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	12/06/2006
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	09/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2014

### 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 Anesthesia, has a subspecialty in Acupuncture & Pain 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:

This case involves a 57 year old female injured worker with date of injury 12/6/06 with related neck pain. Per progress report dated 8/28/14, the injured worker complained of dull, achy, throbbing, burning, sharp, shooting, stabbing, and pressure-like pain in the neck. There was radiation of pain from the neck into the shoulders. There was numbness and tingling, pins-and-needles sensation with weakness and muscle spasms. The injured worker reported swelling, stiffness, popping, grinding, and cracking in the neck. Per physical exam, there was tenderness in the occipital insertion of the paracervical musculature. The bilateral trapezius muscles were tender. Slight muscle tightness was noted along the levator scapulae musculature. Treatment to date has included physical therapy, cold/heat, and medication management. The date of UR decision was 9/11/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro- gabapentin/L-carnitine 250/125mg #81:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (AEDS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs, Page(s): 16-18, 60. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/18607224>

**Decision rationale:** With regard to antiepilepsy drugs, the MTUS Chronic Pain Medical Treatment Guidelines (CPMTG) states "Fibromyalgia: Gabapentin and pregabalin have been found to be safe and efficacious to treat pain and other symptoms. Pregabalin is FDA approved for fibromyalgia." Per MTUS CPMTG, "Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Per page 17, "After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects." The documentation submitted for review indicates that the injured worker has been on gabapentin since at least 5/2014. There was no documentation of the efficacy of gabapentin to justify its continued use. Carnitine (L-3-hydroxytrimethylamminobutanoate) is a naturally occurring compound that can be synthesized in mammals from the essential amino acids lysine and methionine or ingested through diet. Primary sources of dietary carnitine are red meat and dairy products; however, commercially produced supplements also are available and have been shown to be safe in humans. Carnitine is stored primarily in skeletal muscle, with lower concentrations in plasma. Biologically, carnitine is essential for the transport of long-chain (carbon chain length = 10) fatty acids across the outer- and inner-mitochondrial membranes (carnitine palmitoyltransferase I and II, respectively). Conflicting results characterized the early research focused on L-carnitine supplementation's ability to enhance endurance performance, and studies showed no changes occurred in muscle carnitine levels. Nevertheless, promising findings for its use have been observed for various pathologies, including cardiovascular diseases, which show it might mitigate some negative effects and enhance physical function. Recent studies have focused upon a different paradigm for L-carnitine in regulating hypoxic stress and enhancing recovery from exercise. Regarding the use of multiple medications, MTUS page 60 states "Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others." Therefore, it would be optimal to trial each medication individually. The documentation contained no rationale for the use of L-carnitine; and as gabapentin was not medically necessary, the compounded medication was not medically necessary. As such, this request is not considered medically necessary.