

Case Number:	CM14-0173844		
Date Assigned:	10/27/2014	Date of Injury:	07/08/2008
Decision Date:	12/03/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/21/2014

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 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 injured worker is a 50-year-old male who reported an injury on 07/08/2008. While at work he was covering a very large piece of glass with tinting material, he stood on a desk when the desk broke and his left hip hit the edge of the desk, he fell to the ground in a sitting position that jarred his lower back and both hips. The injured worker complained of back pain. The injured worker had diagnoses of lumbar sacral neuritis to the legs, depressive disorder and lumbar strain. Medications included Norco, Gabapentin, and Duexis. The injured worker reported his pain at 8/10 using the VAS. Past treatments included acupuncture, physical therapy, and medications. The objective findings dated 08/26/2014 to the lumbar spine revealed a positive straight leg raise at 30 degrees; tenderness noted at the L3-5 and decreased sensation. The injured worker had a urinalysis on 03/21/2014. The treatment plan included Gabapentin/acetyl Carnitine, and Duexis. The Request for Authorization dated 09/04/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin/Acetyl-L-Carnitine 550mg/75mg #90: 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 Antiepilepsy Drugs (AEDs) Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound Drugs

Decision rationale: The request for Gabapentin/Acetyl-L-Carnitine 550mg/75mg #90 is not medically necessary. The California MTUS Guidelines state Gabapentin has been shown to be effective for diabetic painful neuropathy and post-herpetic neuralgia and has been considered a first line treatment for neuropathic pain. The Official Disability Guidelines indicate the criteria for compound drugs medical literature. This would allow off-label usage when supported by medical evidence. The use of compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Acetyl-L-Carnitine is an amino acid (a building block for proteins) that is naturally produced in the body. It helps the body produce energy. Acetyl-L-Carnitine is used for a variety of mental disorders including Alzheimer's disease, age-related memory loss, late-life depression, thinking problems related to alcoholism, and thinking problems related to Lyme disease. It is also used for Down syndrome, poor circulation in the brain, cataracts, nerve pain due to diabetes, nerve pain due to drugs used in the treatment of AIDS, and facial paralysis. Additionally, the request did not indicate the frequency. Given the above, the injured worker is not within MTUS recommended guidelines. As such, the request is not medically necessary.

Duexis 800mg #90: 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 NSAID's Page(s): 70.

Decision rationale: The request for Duexis 800mg #90 is not medically necessary. The California MTUS Guidelines recommend the use of NSAIDs for patients with osteoarthritis (including knee and hip) in patients with acute exacerbations of chronic low back pain. The guidelines recommend NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular, or renovascular risk factors. In patients with acute exacerbations of chronic low back pain, the guidelines recommend NSAIDs as an option for short term symptomatic relief. The guidelines also recommend that NSAIDs be prescribed at the lowest effective dose and shortest duration of time. The submitted documentation did not indicate in the submitted report a complete and accurate pain assessment, the efficacy of the medication was also not submitted for review. Additionally, the documentation failed to indicate how long the injured worker has been on medication. Furthermore, there was no rationale submitted by the provider indicating whether the medication was helping with any functional deficits. The request as submitted did not indicate a frequency of the medication. Given the above, the injured worker is not within MTUS recommended guidelines. As such, the request is not medically necessary.

