

Case Number:	CM14-0023544		
Date Assigned:	02/28/2014	Date of Injury:	01/22/2011
Decision Date:	07/17/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/25/2014

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 Occupational 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 is a 54-year-old male with a 1/22/11 date of injury. He was working as a lab assistant when he injured his left shoulder as a result of repetitive pipetting. In a progress report dated 11/8/13 the patient complained of pain in left shoulder with radiation into left arm and hand with a pain level of 3-4/10. Objective findings: pain on palpation of the cervical spine and the paracervical musculature. Diagnostic impression: herniated disc at C5-6, status post arthroscopic rotator cuff repair including subacromial decompression and biceps tenodesis and SLAP II tear, performed on 6/29/11. Treatment to date: medication management, activity modification, surgery. A UR decision dated 2/5/14 denied the request for Gabapentin/L-acetylcarnitine. Guidelines recommend a trial of first-line FDA-approved drugs prior to prescribing a compound drug, unless specific patient issues with any appropriate FDA-approved drugs have already been identified. In addition, the doctor appears to be treating a shoulder strain, and there was no evidence of neuropathy as an etiology to the shoulder sprain. In addition, compound drugs are not recommended as first-line therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

GABAPENTIN 550MG/ACETYL-L-CARNITINE 75MG-SIG: TAKE 1 CAP 1-4 TIMES DAILY AS NEEDED FOR NEUROPTIC PAIN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 233-237.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 16-17. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, and Non-MTUS: L-Acetylcarnitine: A Proposed Therapeutic Agent for Painful Peripheral Neuropathies, Current Neuropharmacology July 2006; 4(3):233-237 h.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines states that Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. There is no documentation that the patient has tried gabapentin, which guidelines recommend as first-line treatment for neuropathic pain. A journal article titled, "L-Acetylcarnitine: A Proposed Therapeutic Agent for Painful Peripheral Neuropathies" states that L-acetylcarnitine has been tested in clinical trials and can be considered a therapeutic agent in neuropathic disorders including painful peripheral neuropathies. However, there is no documentation that there is a neuropathic component to the patient's pain, and there is no rationale or indication provided for the treatment with the requested medications. In addition, there is no rationale provided as to why the patient needs a compounded, combination product as opposed to the medications separately. Therefore, the request for Gabapentin 550MG/Acetyl-L-Carnitine 75MG-SIG: take 1 cap 1-4 times daily as needed for neuropathic pain was not medically necessary.