

Case Number:	CM14-0024604		
Date Assigned:	06/11/2014	Date of Injury:	08/08/2011
Decision Date:	11/24/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/26/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 8, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; dietary supplements; and compounded medications. In a Utilization Review Report dated February 4, 2014, the claims administrator denied a request for tramadol-L-carnitine, and baclofen-flurbiprofen-acetylcarnitine. The claims administrator stated that it was invoking Non-MTUS ODG guidelines on compounded drugs but did not incorporate the same into its report or rationale. The applicant's attorney subsequently appealed. In a March 17, 2014 progress note, the applicant was given prescriptions for glucosamine-chondroitin, Flexeril, Norco, Naprosyn, Prilosec, Ambien, several topical compounds, and various dietary supplements, including the tramadol-L-carnitine compound at issue. The applicant's work status was not provided. The applicant did have ongoing complaints of moderate-to-severe low back and hip pain with attendant sleep disturbance, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol/l-carnitine 40/125 mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Medication-compound drugs, Chronic pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Alternative Treatments section

Decision rationale: While the MTUS does not address the topic of dietary supplements such as L-carnitine, the Third Edition ACOEM Guidelines Chronic Pain Chapter does note that dietary supplements such as L-carnitine are "not recommended" in the treatment of chronic pain as they have not been demonstrated to have any meaningful benefits or favorable outcomes in the treatment of the same. In this case, the attending provider failed to furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable ACOEM position on the L-carnitine component of the request. Since one ingredient in the compound is not recommended, the entire compound is not recommended. Therefore, the request was not medically necessary.

Baclofen/ flurbiprofen/ acetyl-carnitine 7/60/125 mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Medication-compound drugs, Chronic pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Alternative Treatments section

Decision rationale: While the MTUS does not address the topic of dietary supplements such as acetylcarnitine, the Third Edition ACOEM Guidelines notes that dietary supplements such as acetyl-carnitine are "not recommended" for the treatment of chronic pain as they have not been shown to produce any meaningful benefits or improvements in functional outcomes in the treatment of the same. The attending provider failed to furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable ACOEM position on the acetyl-carnitine component of the compound. Since one ingredient in the compound is not recommended, the entire compound is not recommended. Therefore, the request was not medically necessary.