

Case Number:	CM14-0032012		
Date Assigned:	06/20/2014	Date of Injury:	07/03/2011
Decision Date:	07/22/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/13/2014

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 37-year-old female with a reported injury on 07/03/2011. The mechanism of injury was not provided within the clinical notes. The clinical note dated 02/03/2014 reported that the injured worker complained of neck and back pain. The physical examination was negative for any significant abnormalities. The injured worker's diagnoses included cervical musculoligamentous injury; cervical radiculopathy; cervical sprain/strain; thoracic musculoligamentous injury; thoracic sprain/strain; lumbar disc displacement; lumbar musculoligamentous injury; lumbar radiculopathy; lumbar sprain and strain; right shoulder impingement syndrome; right shoulder internal derangement; sleep disturbance; anxiety and depression. The injured worker's prescribed medication list included Cartivisc, cyclobenzaprine, ibuprofen, naproxen, Omeprazole, Zolpidem, Flurbiprofen/tramadol 20%, gabapentin/Dextromethorphan 10%/amitriptyline 10%; tramadol/L-Carnitine and baclofen/Flurbiprofen/acetyl carnitine. The provider requested gabapentin/amitriptyline/Dextromethorphan, Flurbiprofen/tramadol, acetyl-L-carnitine/tramadol compound. The rationales were not provided within the clinical notes. The request for authorization was submitted on 03/10/2014. The injured worker's prior treatments were not provided within the clinical notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acetyl-L-Carnitine/Tramadol Compound: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 121.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Medical food.

Decision rationale: The request for Acetyl-L-Carnitine/Tramadol Compound is non-certified. The injured worker complained of neck and back pain. The treating physician's rationale for the compound medical food was not provided within the clinical notes. The request for The Official Disability Guidelines recognize medical food as a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. To be considered the product must, at a minimum, meet the following criteria: (1) the product must be a food for oral or tube feeding; (2) the product must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; (3) the product must be used under medical supervision. There is a lack of clinical information indicating the injured worker consumes or is administered the medical food administered enterally under the supervision of the physician. There is a lack of clinical information provided documenting the efficacy of the medical food as evidenced by decreased pain and significant objective functional improvements. The specific medical disorder, disease, or condition for which the medical food has been prescribed, was not provided within the clinical notes. Furthermore, the requesting provider did not specify the utilization frequency or the quantity of the medication being requested. As such, the request is non-certified.

Gabapentin/Amitriptyline/Dextromethorpha: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The request for Gabapentin/Amitriptyline/Dextromethorpha is non-certified. The injured worker complained of neck and back pain. The treating physician's rationale for the compound ointment was not provided within the clinical notes. The CA MTUS guidelines indicate that gabapentin, amitriptyline and Dextromethorphan are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines continue and state that those topical agents have a narrow accepted use and that they are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines do not recommend topical gabapentin. Moreover, amitriptyline and Dextromethorphan are largely experimental and are not recommended for guidelines. Moreover, the compound contains gabapentin which is not recommended. The guidelines state that any product that contains at least 1 drug (or drug class) that is not

recommended the entire medication is not recommended. Furthermore, the requesting provider did not specify the utilization frequency, quantity, or dosage of the medication being requested. As such, the request is non-certified.

Flurbiprofen / Tramadol: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

Decision rationale: The request for Flurbiprofen / Tramadol is non-certified. The injured worker complained of neck and back pain. The treating physician's rationale for the compound medication was not provided within the clinical notes. The CA MTUS guidelines for topical non-steroidal anti-inflammatory drugs (NSAIDs) state that there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Also, the treatment on neuropathic pain is not recommended. There is a lack of clinical information provided documenting the efficacy of the compound medication as evidenced by decreased pain and significant objective functional improvements. Moreover, the requesting provider did not specify the utilization frequency, duration, dose, quantity, or the location of application of the medication being requested. As such, the request is non-certified.