

Case Number:	CM14-0033782		
Date Assigned:	06/23/2014	Date of Injury:	01/20/2010
Decision Date:	07/30/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/18/2014

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 January 20, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; earlier shoulder arthroscopy; unspecified amounts of physical therapy; unspecified amounts of acupuncture; and cervical epidural steroid injection therapy. The applicant has apparently alleged pain secondary to cumulative trauma as opposed to a specific, discrete injury, it is incidentally noted. In a Utilization Review Report dated February 21, 2014, the claims retroactively denied request for gabapentin, tramadol, and acetyl-L-carnitine. The claims administrator, somewhat incongruously, stated that gabapentin was a first-line medication for neuropathic pain and further stated that the applicant had a chronic lumbar radicular pain syndrome. The claims administrator, in its rationale, stated that gabapentin was being approved. Somewhat incongruously, however, the decision was ultimately transmitted as a denial. The claims administrator did not incorporate cited guidelines into its rationale, it is further noted. The applicant's attorney subsequently appealed. In a handwritten note dated February 17, 2014, the applicant was placed off of work, on total temporary disability. The applicant was apparently presenting with persistent complaints of neck, back, and shoulder pain. The applicant was given refills of tramadol, gabapentin, and acetyl-L-carnitine. In an earlier note of February 4, 2014, the applicant was described as using Naprosyn and Soma. In an earlier progress note of January 27, 2014, the applicant was previously given prescriptions for tramadol, gabapentin, and acetyl-L-carnitine. The note was likewise sparse, handwritten, difficult to follow, not entirely legible, notable for ongoing complaints of 8-9/10 pain. The applicant was again placed off of work, on total temporary disability, and given trigger point injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Gabapentin 550mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDs), Gabapentin (Neurontin) Page(s): 51-52.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin section Page(s): 19.

Decision rationale: As noted in the California MTUS Guidelines, the applicant should be asked at each visit as to whether there has been a change in pain or function with ongoing gabapentin usage. The applicant continues to report 8-9/10 multifocal pain complaints. The applicant has not achieved requisite improvements in pain or function with ongoing gabapentin usage. Therefore, the request is not medically necessary.

Retrospective request for Tramadol ER 150mg (DOS 2/17/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol(Ultram). See also Diabetic neuropathy, opioids for neuropathic pain & medications for acute pain (analgesics) Page(s): 119.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: As noted in the California MTUS Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. There is no evidence of any improvements in pain or function achieved as a result of ongoing tramadol usage. The applicant continues to report 8-9/10, despite ongoing tramadol usage. Therefore, the request was not medically necessary.

Retrospective request for Acetyl-L-Carnitine 75mg (DOS 2/17/14): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/ama/articles/PMC2430890>.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: As noted in the Third Edition ACOEM Guidelines chronic pain chapter alternative treatment section, complementary and alternative treatments and/or dietary supplements such as acetyl-L-carnitine are not recommended in the treatment of chronic pain as they have not been shown to produce any meaningful benefits or improvements in function. In

this case, the attending provider has not furnished any compelling medical evidence, narrative rationale or commentary which would offset the unfavorable ACOEM recommendation. No rationale for selection and/or ongoing usage of acetyl-L-carnitine has been provided, given the applicant's seeming failure to demonstrate any evidence of functional improvement as defined in California MTUS 9792.20f through ongoing usage of the same. The applicant remains off of work. The applicant remains highly reliant and highly dependent on other medications, including gabapentin and tramadol. All of the above, taken together, imply that ongoing usage of acetyl-L-carnitine has been unsuccessful. Therefore, the request was not medically necessary.