

<b>Case Number:</b>	CM14-0092643		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	08/02/2012
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	05/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2014

### 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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 22 year old female with a reported date of injury on 08/02/2012. The mechanism of injury was sustained while moving boxes. The injured worker's diagnoses included unspecified derangement of the shoulder joint, neck sprain, cervical spine discopathy, left upper extremity radiculopathy, left shoulder impingement syndrome, thoracic sprain, migraine headache, anxiety, and depression. The injured worker previous treatments included medications, heat, physical therapy, chiropractic care, and a home exercise program. The injured worker's previous diagnostic testing included an MRI of the left shoulder and the cervical spine on 01/16/2013, an EMG/NCV on 05/06/2013 which demonstrated mild acute C8 radiculopathy on the left and x-rays. The injured worker's surgical/procedure history included two cervical epidural steroid injections at C6-7 on the left and a left intra-articular shoulder injection. On 07/29/2014 the injured worker complained of chronic neck pain and depression. The clinician's treatment plan was for flare up physical therapy and home exercise. The injured worker was evaluated and treated for gastritis, nausea, and headache on 05/21/2014. On 03/07/2014 the gabapentin L-carnitine was prescribed. On 3/12/2014 the injured worker rated her pain as 8/10. The cervical spine examination on that date revealed decreased range of motion, tenderness to palpation, and normal upper extremity reflexes and strength. The injured worker's medications included Anaprox, Neurontin and FlexMid 7.5 mg twice per day. The request was for Gabapentin with L-carnitine for symptomatic relief. The request for authorization form was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin with L-carnitine:** 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): 16-18. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Medical food.

**Decision rationale:** The request for Gabapentin with L-carnitine is not medically necessary. The injured worker has been diagnosed with cervical spine discopathy and left upper extremity radiculopathy. The California MTUS Chronic Pain Guidelines recommend Gabapentin for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Compound drugs are not recommended as a first-line therapy for most patients, but recommended as an option after a trial of first-line FDA-approved drugs, if the compound drug uses FDA-approved ingredients that are recommended per the guidelines. L-carnitine is not recommended by the Official Disabilities Guidelines. There is a lack of documentation demonstrating the injured worker's need for a compound medication, as opposed to taking the medications individually. Additionally, the request did not include a strength, dosage, frequency or quantity. Therefore, the request for Gabapentin with L-carnitine is not medically necessary.