MAXIMUS Federal Services

Case Number:	CM14-0202755		
Date Assigned:	12/15/2014	Date of Injury:	01/08/2010
Decision Date:	02/05/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/04/2014

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 Rehab, has a subspecialty in Interventional spine 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 patient is a 41year old male with the injury date of 01/08/10. Per physcician's report 11/12/14, the patient has neck and lower back pain at 3/10 with medications and 9/10 without medications. The patient is taking Norco for breakthrough pain and Gabapentin for neuropathic pain. "The patient notes greater than 60% improvement in pain level and function with current medication region. He is able to participate in light household chores as well as self-care needs with the use of medications."Per 10/01/14 progress report, the patient has neck pain and lower back pain. The patient is not working. The range of neck or lumbar motion is decreased. The lists of diagnoses are:1) Myoligamentous strain of the cervical spine with radicular symptoms into the upper extremities, right greater than left2) Imflammatory process of the shoulders bilaterally with stiff shoulder syndrome3) Myoligamentous strain of the lumbar spine with radicular symptoms into the lower extremities, right greater than left4) S/P bilateral inguinal herniorrhaphy5) DepressionToxicology reports were provided on 04/01/14, 08/19/14 and 11/12/14. The utilization review determination being challenged is dated on 11/26/14 Treatment reports were provided from 05/27/14 to 10/01/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acetyl L-carnitine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: AETNA guidelines, http://google2.fda.gov/search?q=Acetyl+L-carnitine&client http://en.wikipedia.org/wiki/Acetylcarnitine, U.S. Food and Drug Administration (FDA).

Decision rationale: The patient presents with pain and weakness in his neck, lower back and upper/ lower extremities bilaterally. The request is for Acety L- Carnite. According to http://en.wikipedia.org/wiki/Acetylcarnitine, Acetyl-L-carnitine or ALCAR is an acetylated form of L-carnitine. It is naturally produced by the body, although it is often taken as a dietary supplement. Acetylcarnitine is broken down in the blood byplasma esterases to carnitine which is used by the body to transport fatty acids into the mitochondriafor breakdown.The MTUS, ACOEM and ODG guidelines are silent with regards to this product. Per AETNA guidelines, http://google2.fda.gov/search?q=Acetyl+L-carnitine&client, the U.S. Food and Drug Administration (FDA) conducted an inspection of Acetyl L-Carnitine and found that the dietary supplements have been prepared, packed, or held under conditions that do not meet CGMP regulations for dietary supplements. Given the lack of support for Acetyl L-carnitine, the request is not medically necessary.

Topical cream, Flurbiprofen/Lidocaine/Camphor: 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 Lidodcaine Page(s): 112.

Decision rationale: The patient presents with pain and weakness in his neck, lower back and upper/ lower extremities bilaterally. The request is for Topical Cream (Flurbiprofen/Lidocaine/ Camphor). MTUS guidelines page 112 on topical lidocaine states, "Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." MTUS further states, "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The MTUS guidelines do not allow any other formulation of Lidocaine other than in patch form. The request is not medically necessary.