

Case Number:	CM14-0177815		
Date Assigned:	10/31/2014	Date of Injury:	06/07/2012
Decision Date:	01/07/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/27/2014

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 June 7, 2012. In a Utilization Review Report dated October 15, 2014, the claims administrator approved a request for Norco, approved an orthopedic surgery follow-up visit, denied a gabapentin-acetyl carnitine amalgam, denied DNA testing, and denied an associated DNA kit. The claims administrator stated that its decisions were based on an August 20, 2014 progress note and associated September 8, 2014 RFA form. The applicant's attorney subsequently appealed. In an April 5, 2014 progress note, the applicant reported ongoing complaints of low back pain radiating into the left leg status post earlier lumbar laminectomy surgery. 8/10 pain was noted. A TENS unit, hot and cold unit, and CT scanning of lumbar spine was sought while the applicant was kept off of work, on total temporary disability. In a November 19, 2014 progress note, the applicant reported ongoing complaints of low back pain. The applicant was not working, it was acknowledged. The applicant's pain complaints were aggravated by activities including sitting and standing. The applicant's low back pain was scored as moderate to severe. The applicant had previously undergone genetic testing, it was acknowledged. Oral Diclofenac, Omeprazole, Lidocaine patches, gabapentin-acetyl carnitine amalgam, and a cyclobenzaprine containing topical compound were endorsed while the applicant was kept off of work, on total temporary disability. A weight loss program, aquatic therapy, and thoracic MRI imaging were sought. On October 27, 2014, the applicant was again placed off of work, on total temporary disability. The applicant was discontinuing Norco and employing naproxen for ongoing complaints of moderate severe low back pain. The applicant was asked to continue the gabapentin-acetyl carnitine amalgam. The applicant was also asked to employ a cyclobenzaprine containing compound.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 250mg / Acety-L-Carnitine 125mg #9: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-19. Decision based on Non-MTUS Citation Acetyl-L-carnitine in neuropathic pain: experimental data. Chiechio SI, Copani A, Gereau RW 4th. Nicoletti F. Abstract. (<http://www.ncbi.nlm.nih.gov/pubmed/17696591>); and the Non-MTUS Official Disability Guidelines, Pain (updated 10/6/14), Compound drugs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 19. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Dietary Supplements section.

Decision rationale: As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants using gabapentin should be asked "at each visit" as to whether there have been improvements in pain and/or function achieved as a result of the same. Here, however, the applicant is off of work, on total temporary disability, despite ongoing gabapentin usage. The applicant continues to report moderate severe low back pain, despite ongoing usage of gabapentin-acetyl carnitine amalgam. Ongoing usage of the gabapentin-acetyl carnitine amalgam had failed to curtail the applicant's dependence on numerous other agents, including various topical compounded medications, oral Diclofenac, oral naproxen, oral Norco, etc. All of the foregoing, taken together, suggests lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of gabapentin-acetyl carnitine amalgam. The MTUS does not address the topic of dietary supplements such as acetyl carnitine. However, the Third Edition ACOEM Guidelines notes that dietary supplements such as acetyl 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. Since both the gabapentin component of the amalgam and the acetyl-L-carnitine component of the amalgam are not recommended here, the request is not medically necessary.

DNA test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (updated 10/6/14), Genetic testing for potential opioid abuse

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine DNA Testing Page(s): 42.

Decision rationale: As noted on page 42 of the MTUS Chronic Pain Medical Treatment Guidelines, DNA testing is "not recommended" in the diagnosis of pain, including in the chronic pain context present here. In this case, the attending provider did not furnish any compelling applicant-specific rationale or narrative commentary which would offset the unfavorable MTUS

position on the article at issue. It was not clearly stated how the proposed DNA testing would influence or alter the treatment plan. It was not clearly stated why DNA testing was being sought so soon after the applicant received a genetic testing on August 2014. Therefore, the request is not medically necessary.

DNA kit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (updated 8/22/14), Genetic testing for potential opioid abuse

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine DNA Testing for Pain Page(s): 42.

Decision rationale: This is a derivative or companion request, one which accompanies the primary request for DNA testing. Since the DNA testing was deemed not medically necessary owing to the unfavorable MTUS position on DNA testing in the diagnosis of chronic pain set forth on page 42 of the MTUS Chronic Pain Medical Treatment Guidelines, the derivative or companion request for a DNA kit was likewise not medically necessary.