

Case Number:	CM15-0024817		
Date Assigned:	02/11/2015	Date of Injury:	02/05/2014
Decision Date:	10/13/2015	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/27/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, California, Florida

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 43 year old male who sustained an industrial injury February 5, 2014. He had complaints of bilateral shoulders, right chest wall and lumbar sacral spine pain. X-rays of the ribs, chest, shoulder and lumbar sacral area were noted to be negative. Progress report dated 3-20-14 reports continued complaints of low back pain that radiates into the right lower extremity. He is doing home exercises and has a gym membership. Diagnoses include: cervical spine strain, right shoulder calcification of the rotator cuff, right carpal tunnel syndrome, lumbar spine strain with radiculopathy into the right lower extremity and contusion of the right rib. Plan of care includes: request dual prime stimulator TENS unit for home use, request EMG and nerve conduction studies of both upper extremities, request pool therapy program for the cervical spine, right shoulder and lumbar spine 2 times per week for 6 weeks, request a gym and pool membership, continue home exercises, prescribed the following medications; gabapentin L-carnitine and Tramadol L-carnitine. Work status: remain permanent and stationary. Follow up on 4-24-14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentine/L-Carnitine 250/125mg #81 - cap OHS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-epilepsy drugs (AEDs). Decision based on Non-MTUS Citation Medical Disability Advisor Glossary, under Carnitine.

Decision rationale: This medicine request is a combination of Gabapentin, and L. Carnitine. Per the Medical Disability Advisor in the Glossary, under Carnitine, it is a substance found primarily in muscle that is necessary for normal energy metabolism. Carnitine transports long-chain fatty acids into the mitochondria (the organelles responsible for cellular energy production). There is no role or reason to combine it with a medication to boost effectiveness. Regarding the Gabapentin component, the MTUS notes that anti-epilepsy drugs (AEDs) like Gabapentin are also referred to as anti-convulsants, and are recommended for neuropathic pain (pain due to nerve damage). However, there is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. It is not clear in this case what the neuropathic pain generator is, and why therefore that Gabapentin is essential. Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. This claimant however has neither of those conditions. The request is appropriately non-certified under the MTUS evidence-based criteria. Therefore, this combination medicine is not medically necessary.

Tramadol/L-Carnitine 40/125mg #81 - 1 cap TID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Medical Disability Advisor Glossary, under Carnitine.

Decision rationale: This medicine is a combination of the opiate analogue Tramadol, and a substance called L-Carnitine. As shared previously, per the Medical Disability Advisor in the Glossary, under Carnitine, it is a substance found primarily in muscle that is necessary for normal energy metabolism. Carnitine transports long-chain fatty acids into the mitochondria (the organelles responsible for cellular energy production). There is no role or reason to combine it with a medication to boost effectiveness. Per the MTUS, Tramadol is an opiate analogue medication, not recommended as a first-line therapy. The MTUS based on Cochrane studies found very small pain improvements, and adverse events caused participants to discontinue the medicine. Most important, there are no long-term studies to allow it to be recommended for use past six months. A long-term use of is therefore not supported. This request for the combination medicine is not medically necessary.

