

Case Number:	CM14-0102191		
Date Assigned:	07/30/2014	Date of Injury:	12/23/2009
Decision Date:	10/02/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	07/02/2014

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 represented [REDACTED] employee, who has filed a claim for chronic knee pain, knee arthritis, vertigo, tinnitus, hearing loss and shoulder pain reportedly associated with an industrial injury of December 23, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy, earlier shoulder surgery; earlier knee surgery; and dietary supplements. In a Utilization Review Report dated June 5, 2014, the claims administrator denied a request for a Lipoflavonoid. The applicant's attorney subsequently appealed. In a July 24, 2014 progress note, the applicant reported persistent complaints of knee pain. The applicant was given a refill of Duexis. The applicant was asked to pursue viscosupplementation injections for knee arthritis. The applicant's complete medication list was not, however, attached. The Lipoflavonoid dietary supplements were endorsed on May 22, 2014, progress note and request for authorization form, in which it was stated that Lipoflavonoids are being endorsed to try and ameliorate the applicant's moderate-to-severe tinnitus. It appears that the Lipoflavonoid were earlier sought on a progress note dated January 6, 2011, as well. At that point, it was stated, the applicant had developed tinnitus and hearing loss secondary to cumulative trauma at work.

IMR ISSUES, DECISIONS AND RATIONALES

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

14 Week course of Lipoflavonoid: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC Pain Procedure Summary last updated 5/15/14 Defined in the section 5(b) of the Orphan Drug Act Medical Food

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate.com, Treatment of Tinnitus article, Dinces et al.

Decision rationale: The MTUS does not address the topic. However, as noted in uptodate.com, there is no evidence that "Bioflavonoids" are effective in the treatment of tinnitus, as is present here. It is further noted that the applicant appears to have received the Lipoflavonoid/Bioflavonoids at issue at an earlier point in time, in 2011, and provision of Lipoflavonoids did not appear to have appreciably ameliorate the applicant's issues with tinnitus. Therefore, the request is not medically necessary.