

<b>Case Number:</b>	CM14-0026332		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	05/30/1984
<b>Decision Date:</b>	03/11/2015	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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: New Jersey  
 Certification(s)/Specialty: Family Practice

### 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 worker is a female who was injured on 5/30/84. Information about this injury was not provided for the review, but involved an aggravation of her existing rheumatoid arthritis. The only submitted document for review was a progress note dated 10/25/13 which noted her longstanding history of rheumatoid arthritis since before the injury. She had been treated with surgery and medications over the years. She reported not working at the time. She reported using multiple medications, including Flector patches and also supplements, including Coq10. She reported weight gain. She reported pain and deformities in her joints, particularly her hands and feet. She was diagnosed with rheumatoid arthritis, cold induced urticaria, asthma, and plantar fasciitis. She was then recommended to continue her medications and supplements. Later, a request for Flector patch, calcium 1500 mg and Co-Q10 ubiquinol was submitted on behalf of the worker.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector Patch 1.3% #30:** 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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical NSAIDs, specifically, have some data to suggest it is helpful for osteoarthritis and tendinitis for at least short periods of time, but there are no long-term studies to help us know if they are appropriate for treating chronic musculoskeletal pain. Topical NSAIDs have not been evaluated for the treatment of the spine, hip, or shoulder. Although some topical analgesics may be appropriate for trial as a secondary agent for neuropathic pain after trials of oral therapies have been exhausted, topical NSAIDs are not recommended for neuropathic pain. The only FDA-approved topical NSAID currently is Voltaren gel (diclofenac). Ketoprofen is not currently one of the topical NSAIDs available that is FDA approved, and it has a high incidence of photocontact dermatitis. All topical NSAID preparations can lead to blood concentrations and systemic effect comparable to those from oral forms and caution should be used for patients at risk, including those with renal failure and hypertension. In the case of this worker, she had reported using Flector prior to this request for renewal, however, there was insufficient evidence as to how much it directly improved her overall function and reduced her overall pain levels as this information was not provided in the documents submitted for review. Therefore, without clear evidence for long-term benefit, the Flector patch will be considered medically unnecessary to continue.

**Calcium 1500mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://ods.od.nih.gov>, Calcium

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain section, Medical Foods

**Decision rationale:** Calcium might be considered a medical food supplement. The MTUS is silent regarding calcium supplementation. The ODG, however, states that medical food may be recommended in certain situations where there is a distinctive nutritional requirement. Calcium can be found in various commonly available foods (green vegetables, nuts/seeds, legumes, etc.) and unless there is a specific calcium deficiency or an inability to take in a moderate amount from the diet, there should not be need for a specific calcium supplement for most patients. In the case of this worker, there was no evidence to suggest any calcium deficiency or inability to get enough calcium from her foods to support her needs, and therefore, the calcium supplement will be considered medically unnecessary.

**CO-Q10 Ubiquinol 100mg #30:** 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, Medical food

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS.  
Decision based on Non-MTUS Citation Pain, Medical foods

**Decision rationale:** Co-Q10 might be considered a medical food supplement. The MTUS is silent regarding coq-10. The ODG, however, states that medical food may be recommended in certain situations where there is a distinctive nutritional requirement. Coq-10 is found in various commonly available foods (nuts/seeds, green vegetables, etc.), which can be recommended to patients as well, so there is no need for a specific product for most patients. In the case of this worker, it is unclear as to the connection with the her injury and the Co-Q10 supplementation. There was no indication found in the notes provided for review for this supplementation such as a clear deficiency to warrant continual use. Therefore, the Co-Q10 will be considered medically unnecessary.