

<b>Case Number:</b>	CM14-0144874		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	09/30/2003
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 67-year-old male with a 9/30/03 date of injury. At the time (4/29/14) of request for authorization for Bioflavonoids 500mg #60, there is documentation of subjective (chronic neck pain radiating to the arms with numbness, chronic bilateral shoulder pain, chronic low back pain with cramping of both legs, left knee pain with popping and giving way, and right knee pain with cracking and popping) and objective (positive axial compression to the base of the neck) findings, current diagnoses (cervical spine sprain with upper extremity radiculitis, lumbar spine sprain with lower extremity radiculitis, bilateral knee internal derangement, status post right knee arthroscopy, osteoarthritis bilateral knees, status post right and left total knee replacement, and bilateral shoulder supraspinatus tendinitis), and treatment to date (ongoing therapy with Limbrel (Bioflavonoids) 500mg, Ultram, and Flexeril).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bioflavonoids 500mg #60:** 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)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Limbrel (flavocoxid) and <http://www.drugs.com/mtm/bioflavonoids.html>

**Decision rationale:** An online search identifies Bioflavonoids as a generic brand for Limbrel. MTUS does not address this issue. ODG identifies that Limbrel (flavocoxid) is not recommended based on additional evidence of adverse effects. Therefore, based on guidelines and a review of the evidence, the request for Bioflavonoids 500mg #60 is not medically necessary.