

Case Number:	CM14-0214689		
Date Assigned:	01/07/2015	Date of Injury:	02/08/1998
Decision Date:	02/28/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	12/22/2014

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: Colorado

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 65 year old female with a date of injury as 02/08/1996. The current diagnoses include neck /cervical pain, lumbar pain, lumbosacral pain, pain in joint, ankle pain, CTS, and neurotic depression. Previous treatments include multiple medications, surgeries, physical therapy, acupuncture, chiropractic treatments, cortisone injection, epidural steroid injections, and home exercise program. Primary treating physician's reports, progress reports, qualified medical exams, agreed medical exams, psychiatric evaluations, hospital records, laboratory evaluations, and diagnostic reports were included in the documentation submitted for review. Report dated 11/20/2014 noted that the injured worker presented with complaints that included neck pain, mid back pain, low back pain, ankle pain, and tension headache. Physical examination revealed decreased range of motion and tenderness to palpation in the cervical, lumbar, thoracic regions, and the right ankle. Bilateral straight leg raises, cervical compression test, Kemp's test, and shoulder depression test were positive. Psychiatric report dated 11/28/2014 documented that the injured worker has poor eating habits and has lost 20 pounds.

Documentation supports that the injured worker has been using CQ10 since approximately 10/29/2014, the indication for the use was not disclosed. The injured worker's work status was not included in the documentation received. The utilization review performed on 12/19/2014 non-certified a prescription for CQ10 based on records reviewed do not establish that the injured worker has a nutritional deficiency or suffers from corticosteroid-dependent bronchial asthma. The reviewer referenced the Official Disability Guidelines and www.webmd.com in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Coenzyme Q 10 (CQ10 60mg): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pulmonary chapter, Pain chapter, Medical foods; <http://www.webmd.com/heart-disease/heart-failure/tc/coenzyme-q10-topic-overview>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Coenzyme Q10 Am Fam Physician. 2005 Sep 15;72(6):1065-1070. <http://www.aafp.org/afp/2005/0915/p1065.html> Canadian Headache Society guideline for migraine prophylaxis. <http://www.guideline.gov/content.aspx?id=38455&search=coenzyme+q10+guideline>

Decision rationale: According to the listed citations, Coenzyme Q10 is a vitamin-like substance used in the treatment of a variety of disorders primarily related to suboptimal cellular energy metabolism and oxidative injury. Studies supporting the efficacy of coenzyme Q10 appear most promising for neurodegenerative disorders such as Parkinson's disease and certain encephalomyopathies for which coenzyme Q10 has gained orphan drug status. Results in other areas of research, including treatment of congestive heart failure and diabetes, appear to be contradictory or need further clarification before proceeding with recommendations. Coenzyme Q10 appears to be a safe supplement with minimal side effects and low drug interaction potential. Coenzyme Q10 may be used for slowing of functional decline in patients with Parkinson's disease. The evidence is too inconsistent to recommend use of coenzyme Q10 in symptomatic treatment of congestive heart failure. Data are insufficient to recommend use of coenzyme Q10 for improved glycemic control in diabetes mellitus. According to Diagnosis and treatment of headache guideline, the guideline authors recommend that clinicians offer coenzyme Q10 300 mg per day (dosed as 100 mg three times daily) to eligible patients for migraine prophylaxis. In this case, there is no documentation of a disorder that may benefit from treatment with Coenzyme Q10. Therefore, the request for Coenzyme Q10 is not medically necessary or appropriate.