

<b>Case Number:</b>	CM14-0215512		
<b>Date Assigned:</b>	01/05/2015	<b>Date of Injury:</b>	05/02/2013
<b>Decision Date:</b>	02/20/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2014

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 64 year old male with a work related injury dated 05/02/2013. Mechanism of injury was not noted in received medical records or in Utilization Review report. According to a note dated 11/05/2014, the injured worker presented for an ear, nose and throat evaluation regarding his ear, nose and throat difficulties. Diagnoses included bilateral hearing nerve loss, moderate tinnitus, and dizziness. Noted treatments have consisted of medications. Diagnostic testing included an audiogram which noted significant noticeable sensori-neural loss in both ears and a tinnitus test match which confirmed ringing in his left ear. Work status is noted as permanent and stationary. On 12/03/2014, Utilization Review non-certified the request for Lipoflavinoids Caplets, 3 caplets per day for 3 months #270 citing Pharmacological Treatments for Tinnitus: New and Old. The Utilization Review physician stated the medical file documents that the injured worker complains of tinnitus and bilateral hearing loss but the FDA has not approved Lipoflavinoids for treatment of tinnitus or hearing loss and lipoflavinoids are available over the counter. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lipoflavinoids Caplets 3 caplets per day for 3 months # 270:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pharmacological Treatments for Tinnitus:New and Old: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3136369/>

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain (Chronic)

**Decision rationale:** The requested Lipoflavonoid caplet is a dietary supplement that was developed for people with tinnitus and related symptoms. It is considered a medical food. Guidelines recommend use of a medical food for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by a medical evaluation. In this case, there is no identified disease or condition that would indicate the need for a nutritional supplement and therefore, prescribing Lipoflavonoid caplets was not medically necessary.