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| <b>Case Number:</b>   | CM15-0002743 |                              |            |
| <b>Date Assigned:</b> | 01/13/2015   | <b>Date of Injury:</b>       | 02/08/1998 |
| <b>Decision Date:</b> | 03/16/2015   | <b>UR Denial Date:</b>       | 12/19/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/06/2015 |

### 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: Texas, California  
 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:

This is a 64 year old female patient who sustained an industrial injury on February 8, 1998. The current diagnoses include cervical sprain/strain, thoracic sprain/strain, and lumbar sprain/strain, and right ankle sprain/strain. Per the doctor's note dated 11/20/2014, she had complaints of neck pain, mid back pain, low back pain, ankle pain and headache. The physical examination revealed tenderness and decreased range of motion of the cervical spine, thoracic spine, lumbar spine and right ankle; positive straight leg raising, cervical compression test, Kemp test and shoulder depression test. Per the note dated 10/29/2014, she had complaints of pain at 8/10 over the neck, upper back, mid back, lower back and bilateral buttocks with radiation to bilateral arm and hand and down to bilateral legs in to both feet. The physical examination revealed tenderness, spasm, restricted range of motion, positive Tinel's at the right wrist, positive straight leg raising bilaterally and decreased sensation in L5 distribution more on the right side. The medications list includes norco, gabapentin, citalopram, toprol, baclofen, plavix, zyrtec, lansoprazole, imdur, aspirin and ondansetron. Her surgical history includes C-section, hystrectomy, gall bladder surgery, multiple right knee surgeries, cardiac stent and lumbar fusion surgery. She has had left hip cortisone injection on 4/30/14, left greater trochanteric bursa injection in 12/2013, lumbar ESI on 10/21/2011 and numerous lumbar RF procedures. She has had cervical MRI on 7/2/2009 which revealed degenerative disc changes; lumbar MRI on 7/30/2012 which revealed facet arthrosis at L4-5 and L5-S1 and slight spondylolisthesis at L4-5; EMG in 7/2009 which revealed moderate right carpal tunnel syndrome. She has had physical therapy visits and chiropractic

therapy for this injury. On December 22, 2014 Utilization Review non certified CQ10 60 mg citing ACOEM guidelines.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Coenzyme CQ 10 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 (ODG); Pulmonary Chapter (Gvozdjakova, 205), and on the ODG Pain Chapter, Medical Foods, and Non-MTUS Guidelines <http://www.webrnd.com/heart-disease/heart-failure/tc/coenzyme-q-10-topic-overview>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Chapter: Pulmonary (updated 07/29/14) Coenzyme Q10 Chapter: Pain (updated 02/23/15) Medical food

**Decision rationale:** Per the cited guidelines, Coenzyme Q10 is recommended. Data show that patients with corticosteroid-dependent bronchial asthma have low plasma CoQ(10) concentrations that may contribute to their antioxidant imbalance and oxidative stress. A reduction in the dosage of corticosteroids required by the patients following antioxidant supplementation was observed, indicating lower incidence of potential adverse effects of the drugs, decreased oxidative stress. (Gvozdakov2005). Evidence of bronchial asthma with low plasma CoQ (10) is not specified in the records provided. According to the ODG guidelines, Medical foods is a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles. ODG quoting the FDA specifically states "To be considered the product must, at a minimum, meet the following criteria:" (2) the product must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements. Therefore, there is no medical necessity for any medication containing food supplements. Evidence of deficiency of coenzyme Q10 is not specified in the records provided. The medical necessity of Coenzyme CQ 10 60mg is not fully established at this time.