

<b>Case Number:</b>	CM13-0008250		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	11/30/2004
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	07/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, and is licensed to practice in Texas. 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:

The injured worker is a 34 year old male who reported an injury to his low back. A clinical note dated 01/28/13 indicated the injured worker complaining of lumbar spine pain. The injured worker claimed reporting increased pain with greater frequency. A clinical note dated 04/18/13 indicated the injured worker utilized Limbrel for pain relief in the lumbar spine. The injured worker also underwent a home exercise program. A clinical note dated 06/13/14 indicated the injured worker undergoing physical therapy and continued Limbrel to address lumbar spine pain. The injured worker also underwent home exercise program including stretching exercises. Upon exam the injured worker demonstrated limited motion with paraspinal spasms, left greater than right. The injured worker was identified as having a positive straight leg raise on the left at 60 degrees and on the right at 70 degrees. A clinical note dated 06/17/13 indicated the injured worker complaining of episodes of increased pain. The injured worker responded to physical therapy and Limbrel. The utilization review dated 07/15/13 resulted in denial for Limbrel as no rationale or indications were provided supporting the use of medical food for this injured worker.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LIMBREL:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Limbrel (flavocoxid).

**Decision rationale:** As noted in the Official Disability Guidelines, the use of herbal medicines or medical foods is not recommended. Additionally, there is no indication the injured worker has failed previous prescription medications or has obvious contraindications that necessitate medical food/herbal use. Therefore, the request is not medically necessary and appropriate.