MAXIMUS Federal Services

Case Number:	CM13-0035398		
Date Assigned:	12/13/2013	Date of Injury:	01/14/2005
Decision Date:	02/28/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/17/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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.

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 patient is a 61-year-old male who reported a work related injury on 1/14/05, as a result of continuous trauma. The patient subsequently presents for treatment for the following diagnoses: musculoligamentous sprain of the cervical spine, musculoligamentous sprain of the lumbar spine with lower extremity radiculitis, disc protrusion with extrusion, disc bulges to the lumbar spine, facet hypertrophy to the lumbar spine, status post lumbar epidural injection, disc protrusion C4-5, disc bulges at C5-6 and C6-7. The clinical noted dated 11/01/13 reports the patient utilizes Norco, cyclobenzaprine, and tramadol as needed. The patient rates his pain at 6/10 on the pain scale. The provider documented, upon physical exam of patient, tenderness over the upper trapezius, levator scapulae, and rhomboids on the right upon palpation. The provider documented the patient was administered a prescription for Limbrel 500/50 mg 1 by mouth twice a day x 5 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Limbrel caps 500-50mg quantity sixty (60) with eleven (11) refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Per the Official Disability Guidelines (ODG), Limbrel is not included on the ODG drug formulary because it is not a drug. If Limbrel were covered on the formulary, it would be an N drug because it is not recommended as a first-line drug but only after first-line drugs have been trialed and found to produce adverse effects or a history of adverse effects with its use is obtained. In this patient's case, the clinical documentation submitted for review reports that the patient continues to present with moderate complaints of lumbar spine and cervical spine pain status post a work related injury sustained in 2005 as a result of cumulative trauma. The clinical notes document that the patient utilizes Norco, cyclobenzaprine, and tramadol. The current request is for Limbrel caps, which the patient was administered samples of in September 2013. However, documentation of the patient's specific reports of efficacy with the utilization of Limbrel for his pain complaints as evidenced by a decrease in rate of pain on a visual analog scale and an increase in objective functionality were not noted. Moreover, the request for 11 refills is excessive in nature without periodic documentation of efficacy of treatment. The request for pharmacy purchase of Limbrel caps 500-50mg quantity sixty (60) with eleven (11) refills is not medically necessary and appropriate.