

Case Number:	CM14-0025254		
Date Assigned:	06/11/2014	Date of Injury:	09/25/2006
Decision Date:	07/15/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/27/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 48-year-old female who reported an injury on 09/22/2006. The mechanism of injury was not provided for review. Within the clinical note dated 11/01/2013 the injured worker noted she had mild relief with Limbrel. She rated pain at 6.5/10 and at her worst 7/10. The injured worker complained of some mild gastrointestinal upset. Upon the physical examination the provider indicated the injured worker had positive myofascial triggers with referred pain to anterior chest. Decreased sensation at L5-S1. The lumbar range of motion was decreased flexion 45 degrees and extension at 20 degrees. The diagnoses included chronic pain syndrome, right shoulder impingement, cervical radiculopathy, lumbar radiculopathy, bilateral carpal tunnel syndrome, and depression. The provider requested for Limbrel; however, a rationale was not provided for review. The Request for Authorization was provided and submitted on 02/10/2014.

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 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, Limbrel.

Decision rationale: The request for Limbrel is non-certified. The injured worker reported some relief with Limbrel. She rated her pain 6.5/10 and 7/10 at her worst. The Official Disability Guidelines note Limbrel is under study as an option for arthritis in patients with risk of adverse effects from NSAIDs. Limbrel is a botanical medical food, made from root and bark extracts from plants. It contains flavocoxid, a blend of 2 flavenoids, biacalin and catechin. It is thought to inhibit the conversion of arachidonic acid to both prostaglandins and leukotrienes. There was a lack of documentation indicating the injured worker to be diagnosed with arthritis or be at risk for adverse effects from NSAIDs. The request submitted failed to provide the frequency and the quantity of the medication. Therefore, the request for Limbrel is non-certified.