

Case Number:	CM14-0025295		
Date Assigned:	06/11/2014	Date of Injury:	08/31/1987
Decision Date:	07/18/2014	UR Denial Date:	01/31/2014
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 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 55-year-old male who reported an injury on 08/31/1987. The mechanism of injury was not provided for review in the clinical documentation. The documentation submitted is largely illegible. The clinical note dated 04/14/2014 noted the injured worker reported chronic lumbar radicular pain involving the bilateral lower extremities. On physical exam, the provider noted restricted thoracic and lumbar spine range of motion. The provider noted the injured worker to have positive paraspinal muscle spasms and tenderness. The clinical documentation submitted is largely illegible. The injured worker has a history of a thoracic/lumbar fusion. The diagnoses included chronic pain syndrome, failed back surgery syndrome, and chronic lumbar radiculopathy. The provider requested Limbrel 500 mg #14 for significant relief of symptoms. The Request for Authorization was submitted and dated 01/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIMBREL 500 MG #14: 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), Treatment Index, 12th Edition (web), 2014, Pain Chapter, Limbrel.

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 (flavocoxid).

Decision rationale: The request for Limbrel 500 mg #14 is not medically necessary. The injured worker complained of chronic lumbar radicular pain involving the bilateral lower extremities. The Official Disability Guidelines state Limbrel is under study as an option for arthritis in patients at risk of adverse effects from non-steroidal anti-inflammatory drug (NSAIDs). Limbrel is a botanical medical food made from root and bark extracts from plants. It contains flavocoxid, baicalin and catechins. It is thought to inhibit the conversion of arachidonic acid to both prostaglandins and leukotrienes. In a one-month onset of action trial, there was no statistical difference in signs and symptoms of knee arthritis or between groups of any outcome variables, discomfort, or global disease activity. There is a lack of documentation indicating the injured worker was diagnosed with arthritis or was at risk of adverse effects from NSAIDs. In addition, the submitted request failed to provide the frequency of the medication. Therefore, the request for Limbrel 500 mg #14 is not medically necessary.