

<b>Case Number:</b>	CM14-0093748		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	08/15/1991
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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 Occupational Medicine and is licensed to practice in California. 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:

Medical records from 2011 to 2014 were reviewed and showed that patient complained of left-sided arm pain, graded 7/10, especially with weather changes. Patient also complains of poor sleep quality due to pain, worse when pain flairs up. Physical examination showed that patient continues to have on going arm pain, left greater than right. Her symptoms were consistent with CRPS. There were no new neurologic deficits. Patient was doing well on her current regimen. Treatment to date has included medications, spinal cord stimulator. Utilization review, dated 06/11/2014, denied the request for Limbrel because guidelines in general do not recommend medical foods, and the PTP has not provided peer to peer article that support the use of Limbrel.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Limbrell 500 mg /50 mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Medical Fee Schedule (OMFS)- Dietary supplements.

**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, Medical foods.

**Decision rationale:** The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. Limbrel is a prescription medical food product for the clinical dietary management of the metabolic processes of osteoarthritis (OA). However, the FDA states that specific requirements for the safety or appropriate use of medical foods have not yet been established. In addition, there is no rationale or indication provided for the treatment with the requested medication. Therefore the request for LIMBRELL 500 MG /50 MG #60 is not medically necessary and appropriate.