

Case Number:	CM14-0193743		
Date Assigned:	12/01/2014	Date of Injury:	05/09/2002
Decision Date:	01/15/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/19/2014

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 Family Practice 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:

52 years old male claimant sustained a work injury on 5/9/2002 and a car accident on 11/6/09 involving the shoulder, neck and back. He was diagnosed with cervical radiculopathy, tobacco disorder, right shoulder impingement syndrome, low back pain and myofascial pain due to spasms. An MRI of the cervical and lumbar spine in 2011 indicated disc bulging at L5-S1 and disc disease and fusion of C5-C6. He had undergone shoulder arthroscopy. He had been on opioids, anti-spasmodics, neuroleptics, Limbrel, Zofran and Xanax since at least March 2014. A progress note on 10/21/14 indicated the claimant had continued pain in the involved areas. He had a poor sleep pattern due to neck pain. Ambien was used to help sleep. Exam findings were notable for axial low back pain and paraspinal tenderness. He denied any nausea, vomiting or gastrointestinal complaints. He remained on Oxycontin, Percocet, Limbrel, Xanax Relpax, Zofran (for medication related nausea) and Lyrica.

IMR ISSUES, DECISIONS AND RATIONALES

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

Limbrel 500mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Medical Foods

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Medical Foods

Decision rationale: Limbrel is a medical food containing Flavocoxid that is used in the treatment of osteoarthritis. According to the guidelines, it is under study as an option for arthritis in patients at risk of adverse effects from NSAIDs, with recent evidence that Limbrel is capable of causing acute liver injury and should be used with caution. In this case, there was no indication of NSAID intolerability. The claimant had been on numerous pain medications and there was no indication on the necessity of Limbrel. The continued use of Limbrel is not medically necessary.