

<b>Case Number:</b>	CM15-0138612		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	12/16/2002
<b>Decision Date:</b>	08/26/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 sustained an industrial injury on 12-16-02. In a office clinic note dated 3-27-15, the physician notes complaints exacerbations of pain in the left upper extremity and he feels as though there is something obstructing his bowel function. He does take mineral oil for constipation and there is concern about his nutritional status as he has been dropping weight and losing muscle mass. He was unable to get refills of his Lyrica and went through a withdrawal syndrome with severe vomiting, abdominal pain, shakes, chills, dizziness and other central nervous system symptoms. On exam, he has marked atrophy of the left upper extremity and allodynia anywhere in the antecubital fossa and forearm. The left upper extremity has impaired strength due to pain symptoms throughout. The impression noted is post-traumatic neuropathic pain left upper extremity following gunshot wound, multiple fractures, obstipation secondary to opioids, traumatic brain injury with post-traumatic stress symptoms and impairment of executive function and impulse control, retroperitoneal hemorrhage with residual abdominal pain; intermittent obstructive symptoms, and elevated amylase ever since the cholecystectomy and the retroperitoneal hematoma. Work status is off work; permanent. Current medications are MS Contin 15mg twice a day, Oxycodone 5mg 2 twice a day, Limbrel 500mg twice a day, Lyrica 200mg 3 times a day, Doxepin 150mg at bedtime, and Lidoderm Patches 5%. The requested treatment is Limbrel 500mg capsule for a quantity of 60, 1 capsule twice daily 1 hour before or after eating.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Limbrel 500 mg/cap Qty 60, 1 cap by mouth twice daily - 1 hr before or after eating:**

Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com - Limbrel; Official Disability Guidelines: Pain - Limbrel, Medical Food.

**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, Limbrel (flavocoxid).

**Decision rationale:** Regarding the request for Limbrel, CA MTUS does not address the issue. ODG cites that it is not recommended based on additional evidence of adverse effects. In light of the above issues, the currently requested Limbrel is not medically necessary.