

Case Number:	CM15-0196169		
Date Assigned:	10/15/2015	Date of Injury:	03/01/1996
Decision Date:	11/23/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/06/2015

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

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 64 year old male, who sustained an industrial injury on 3-1-1996. The injured worker is undergoing treatment for: neck sprain, shoulder sprain, thoracic spine sprain. On 7-7-15, subjective complaints are noted as "cortisone shot helped, neck pain persists". Objective findings revealed decreased range of motion with pain of the left shoulder and neck. On 8-25-15, he reported left shoulder pain rated 4-8 out of 10 increased with computer use, and neck pain rated 4-8 out of 10. Physical examination revealed decreased neck range of motion, tenderness in the neck. On 9-15-15, he reported neck and shoulder pain and back pain with sitting. Objective findings are noted as "magnetic resonance imaging dated 12-12-13 for neck and back, positive". The treatment and diagnostic testing to date has included: medications, modified duty and cortisone shot. Medications have included: Limbrel. The records indicate he has been utilizing Limbrel since at least March 2015, possibly longer. Current work status: full duty effective 9-16-15. The request for authorization is for: Limbrel 500mg, TENS unit indefinite use and conductive garment for TENS indefinite use. The UR dated 10-1-2015: non-certified the request for Limbrel 500mg, TENS unit indefinite use and conductive garment for TENS indefinite use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Limbrel 500mg, QTY: 60.00: 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 in Workers Compensation 2012 McKesson InterQual Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Medical Food, pages 729, 758-760.

Decision rationale: Limbrel (flavocoxid) consists of a proprietary blend of two types of flavonoids, Free-B-Ring flavonoids and flavans, from *Scutellaria baicalensis* and *Acacia catechu*, respectively and are a group of phytochemical compounds found in all vascular plants, including fruits and vegetables. Limbrel is a medical food product made up of substances from plant sources that may be used to manage osteoarthritis (OA) by possibly decreasing the swelling (inflammation) and pain. Limbrel is considered a medical food, used for the treatment of disease states with known nutritional deficiencies. Based on a review of the available medical reports, there is no evidence to suggest that this patient has any type of nutritional deficiency. Accordingly, specific requirements for the safety or appropriate use of medical foods have not yet been established. Therefore, the use of any medical food or medical food combination would be considered experimental. Guidelines state this formulated food may be recommended for specific dietary management of a disease or condition for which distinctive nutritional requirements have been established by medical evaluation based on scientific principles. The provider had not documented the indication, clinical findings, diagnoses or medical necessity consistent with evidence-based, peer-reviewed, nationally recognized treatment guideline for this medical food. The Limbrel 500mg, QTY: 60.00 is not medically necessary and appropriate.