

Case Number:	CM15-0050029		
Date Assigned:	03/23/2015	Date of Injury:	04/12/2012
Decision Date:	05/01/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/16/2015

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 59 year old male, who sustained an industrial injury on 4/12/12. He reported initial complaints of neck, shoulder and low back pain. The injured worker was diagnosed as having neck sprain; shoulder impingement; meniscal tear; lumbar degenerative disc disease. Treatment to date has included MRI of cervical and lumbar spine (no date); medications. Currently, per the PR-2 notes dated 2/25/15, the injured worker complains of low back pain with radiculopathy to bilateral lower extremities and cervical pain. VAS scores are 2-3/10 on the hand written notes. The PR-2 dated 11/26/14 indicate the provider ordered "neck and back" MRI's but these reports were not submitted for this review. The provider has prescribed Limbrel 500 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Limbrel 500 mg #60: 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)-pain.

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 notes that it is not recommended based on additional evidence of adverse effects. Within the documentation available for review, there is no indication of failure of first-line drugs and a rationale for the use of Limbrel despite the recommendations of the guidelines. In light of the above issues, the currently requested Limbrel is not medically necessary.