

<b>Case Number:</b>	CM15-0086405		
<b>Date Assigned:</b>	05/08/2015	<b>Date of Injury:</b>	09/25/2006
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 49 year old female, who sustained an industrial injury on September 25, 2006. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having cervical pain, cervical radiculopathy, right shoulder impingement, lumbar radiculitis, lumbar radiculopathy, bilateral carpal tunnel syndrome, and chronic pain syndrome, and depression. Diagnostic studies were not included in the provided medical records. Treatment to date has included medications including antidepressant, melatonin, sleep, non-steroidal anti-inflammatory, and medical food. On April 3, 2015, the injured worker complains of increased widespread diffuse pain throughout the body including the shoulder and neck with radiation to the upper extremities, the entire hands and fingers, low back, and the bilateral lower extremities. Her pain is rated: 4-5/10 with medication and 8-9/10 without medications. She complains of her pain affects her ability to perform her activities of daily living including cooking, cleaning, and toileting. She complains of difficulty falling and remaining asleep. She reports that her non-steroidal anti-inflammatory medication is not as effective as the medical food, Limbrel. The physical exam revealed diffuse tenderness to palpation over the anterior chest wall, cervical, thoracic, and lumbar spine. There was a slow and antalgic gait, decreased lumbar range of motion, decreased sensation in the bilateral lower extremities, normal bilateral patellar reflexes, normal grip strength, and bilateral wrist braces. The requested treatment is Limbrel.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Limbrel 500mg #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, Pain.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Limbrel (flavocoxid). <http://www.odg-twc.com/index.html>.

**Decision rationale:** According to ODG guidelines, Limbrel "Not recommended based on additional evidence of adverse effects. (Panduranga, 2013) (ACP, 2012) (Reichenbach, 2012) It had been under study as an option for arthritis in patients at risk of adverse effects from NSAIDs. Limbrel is a botanical medical food, made from root and bark extracts from plants. It contains flavocoxid, a blend of two flavonoids (baicalin and catechins). It is thought to inhibit the conversion of arachidonic acid to both prostaglandins and leukotrienes." There is documentation supporting the need for Limbrel in this case. Therefore, the request for Limbrel 500mg #60 is not medically necessary.