MAXIMUS Federal Services

Case Number:	CM15-0121618		
Date Assigned:	07/02/2015	Date of Injury:	01/12/1987
Decision Date:	09/01/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/23/2015

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: Arizona, Michigan
Certification(s)/Specialty: Preventive Medicine, Occupational 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 60 year old male, who sustained an industrial injury on 01/12/1987. The injured worker is currently permanent and stationary. The injured worker is currently diagnosed as having L4-L5 disc bulge with bilateral L5 radicular pain and non-occupational right greater trochanteric bursitis. Treatment and diagnostics to date has included Transcutaneous Electrical Nerve Stimulation Unit and medications. In a progress note dated 05/26/2015, the injured worker presented with no change in his low back pain which he rated 5.5 out of 10 and stated his back was a little stiffer due to recent gardening. Objective findings include tenderness to palpation over the lumbar area and increased low back pain with lumbar flexion. The treating physician reported requesting authorization for Limbrel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Limbrel 500mg #60 with 3 refills: 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 Index, 13th Edition (Web), 2015, Pain, Limbrel (flavocoxid).

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

Decision rationale: Regarding the request for Limbrel (Flavocoxid), California MTUS Guidelines are silent. Official Disability Guidelines (ODG) do not recommend "based on additional evidence of adverse effects. It has been under study as an option for arthritis in patients at risk of adverse effects from non-steroidal anti-inflammatory drugs (NSAIDs)." Limbrel is not included on the ODG Drug Formulary because it is not a drug. If Limbrel were covered on the Formulary, it would be an N drug, because it is not recommended as a first-line drug, but only after first-line drugs have been trialed and found to produce adverse effects or a history of adverse effects with use is obtained." A review of the injured workers medical records that are available to me do not reveal a clear rationale for the choice of Limbrel, there is no documentation that he is unable to tolerate all other recommended first line anti-inflammatory, analgesic, anti-depressant and anti-epileptic drugs that are available and without this information it is not possible to establish medical necessity for the use of Limbrel. Therefore, based on the Guidelines, the request for Limbrel is not medically necessary.