

<b>Case Number:</b>	CM15-0068035		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	03/15/2004
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	03/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 female, who sustained an industrial injury on 3/15/2004. The mechanism of injury was not noted. The injured worker was diagnosed as having thoracic pain and thoracic spondylosis. Treatment to date has included conservative measures, including medications. Currently, the injured worker complains of pain in the middle of her back, right side greater than left. Motor and sensory exams were intact and increased pain with facet loading maneuvers was noted. Medications included Limbrel, noted as prescribed on 12/12/2013. It was documented that she also gets relief from Skelaxin and BenGay. Work status was permanent and stationary. Medication refills were requested.

### 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, Limbrel (Flavocoxid).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**Decision rationale:** This female patient has complained of back pain since date of injury 3/15/04. She has been treated with physical therapy and medications. The current request is for Limbrel, a medical food. Per the ACOEM guidelines cited above, Limbrel is not a recommended pharmaceutical intervention in the treatment of back pain. On the basis of the available medical records and per the ACOEM guidelines cited above, Limbrel is not medically necessary.