

<b>Case Number:</b>	CM13-0030255		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	08/23/2012
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	08/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2013

### 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. The expert reviewer is Board Certified in Preventative Medicine has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 50 year old employee with date of injury of 8/23/2012. Medical records indicate the patient is undergoing treatment for Right wrist sprain/strain, r/o carpal tunnel; right forearm/elbow sprain/strain r/o internal derangement; mood disorder; sleep disorder; anxiety disorder and stress. Subjective complaints include moderate to severe right forearm pain which is constant; rates pain as 2/10; pain is described as numbness or tingling from right elbow down to wrist and fingers. She also complains of "burning" right wrist/hand pain and muscle spasms, described as moderate to severe and rates her pain as 5-6/10 and is aggravated by gripping, grasping, pulling, reaching and lifting. She experiences weakness, numbness and tingling of hand and fingers. Her thumb falls asleep and her right hand wakes her at night. She says her medications offer temporary relief from the pain. Objective findings include on right elbow/forearm: tenderness to palpation at flexor and extensor muscle compartments of the forearm, lateral epicondyle and full range of motion (ROM); right wrist exam: tenderness to palpation at carpal tunnel and first dorsal extensor muscle compartment, decreased Range of Motion (ROM); positive Tinel's, Finkelstein's and negative Phalen's; sensation intact. Motor strength is decreased secondary to pain in right upper extremity. Treatment has consisted of tennis elbow brace; Chiropractic care; compound creams; acupuncture; tens unit, heating pad, Gabapentin, pain management referral; Tadradol and oral Cyclobenzaprine. The utilization review determination was rendered on 8/26/2013 recommending denial of Refill: Tadradol 1mg/1ml oral suspension 250ml.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TADRADOL 1MG/ML ORAL SUSPENSION 250 ML:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines MUSCLE RELAXANTS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), Medications for chronic pain Page(s): 41-42, 60-61. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: UpToDate, Flexeril.

**Decision rationale:** Tadradol is cyclobenzaprine hydrochloride. MTUS Chronic Pain medical Treatment states for Cyclobenzaprine (Flexeril), "Recommended as an option, using a short course of therapy. . . The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief." Additionally, MTUS outlines, "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005)" Uptodate "Flexeril" also recommends "Do not use longer than 2-3 weeks" and is for "Short-term (2-3 weeks) treatment of muscle spasm associated with acute, painful musculoskeletal conditions". The medical documentation provided does not establish the need for long term/chronic usage of Tadradol (cyclobenzaprine hydrochloride) which MTUS guidelines advise against. As such, the request for Tadradol 1mg/1ml oral suspension 250ml is not medically necessary and appropriate.