

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM13-0066431 |                              |            |
| <b>Date Assigned:</b> | 01/03/2014   | <b>Date of Injury:</b>       | 04/25/2003 |
| <b>Decision Date:</b> | 04/11/2014   | <b>UR Denial Date:</b>       | 11/27/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/16/2013 |

### 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 Physical Medicine & Rehabilitation and is licensed to practice in California. 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:

The patient has submitted a claim for cervical spine sprain/strain associated with an industrial injury date of April 25, 2003. Treatment to date has included physical therapy, medications, left shoulder surgery, left elbow surgery, and hot and cold packs. Medical reports from 2013 were reviewed showing the patient complaining of constant neck pain that is moderate to severe in nature. There is also constant left shoulder and elbow pain. The patient has difficulty sleeping. A physical therapy progress note from December 10, 2013 stated that the patient demonstrated decreased ranges of motion for the neck and low back areas. The entire neck and back area were also tender to palpation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TABRADOL 1MG/ML #250:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

**Decision rationale:** As stated in the California MTUS chronic pain medical treatment guidelines, cyclobenzaprine is recommended as an option as skeletal muscle relaxant using a

short course of therapy. In this case, Tabradol suspension contains cyclobenzaprine as the active ingredient. However, the progress note at the time of prescription did not have objective evidence of any type of muscular spasms or stiffness. Therefore, the request for Tabradol 1mg/ml #250 was not medically necessary.