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| Case Number: | CM14-0158390 | | |
| Date Assigned: | 10/01/2014 | Date of Injury: | 03/22/2006 |
| Decision Date: | 11/03/2014 | UR Denial Date: | 08/21/2014 |
| Priority: | Standard | Application Received: | 09/26/2014 |

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 Family Medicine, 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 is a 53 year-old man who was injured at work on 3/22/2006. The injury was primarily to his back. He is requesting review for denial for the use of "Tabradol (Cyclobenzaprine & Methylsulfonylmethane) 1mg/ml Oral Suspension 250mls." Medical records corroborate ongoing treatment of his injuries. His chronic diagnoses include: History of Lumbar Fusion; and Residual Lumbar Pain with Radiculopathy. Treatment has included the noted Lumbar Fusion Surgery in 2008 and 2009, Physical Therapy, Opioids, and Topical Analgesic Patches and Creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tabradol (Cyclobenzprine & Methylsulfonylmethane) 1mg/MI Oral Suspension 250ml.:
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 Chapter- Compound Medications

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Natural Medicines Comprehensive Database: <http://naturaldatabase.therapeuticresearch.com/nd/Search.aspx?cs=PLPTLPHONLY~CEPDA&s>

=ND&pt=100&id=522&ds=&name=Methylsulfonylmethane+ (MSM+(METHYLSULFONYLMETHANE)) &searchid=48936293.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of the muscle relaxant, cyclobenzaprine, for the treatment of back pain. Cyclobenzaprine is recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief. The addition of cyclobenzaprine to other agents is not recommended. (Clinical Pharmacology, 2008) The MTUS/ACOEM and Chronic Pain Medical Treatment Guidelines are silent on the use of Methylsulfonylmethane for the treatment of pain. Methylsulfonylmethane is more commonly known as DMSO. The Natural Medicines Comprehensive Database includes a review of methylsulfonylmethane. ([http://naturaldatabase.therapeuticresearch.com/nd/Search.aspx?cs=plptlphonly~cepda&s=ND&pt=100&id=522&ds=&name=Methylsulfonylmethane+\(MSM+\(Methylsulfonylmethane\)\)&searchid=48936293](http://naturaldatabase.therapeuticresearch.com/nd/Search.aspx?cs=plptlphonly~cepda&s=ND&pt=100&id=522&ds=&name=Methylsulfonylmethane+(MSM+(Methylsulfonylmethane))&searchid=48936293)). The database indicates that Methylsulfonylmethane is "possibly safe when used short-term." It is possibly effective when used for "osteoarthritis and exercise induced muscle injuries." In this case the records indicate that cyclobenzaprine is intended for the long-term treatment of this patient's back pain. As indicated in the MTUS/Chronic Pain Medical Treatment Guidelines, cyclobenzaprine should only be short-term. The addition of Methylsulfonylmethane does not provide any known added benefit to cyclobenzaprine. Further, the information available in the Natural Medicines Comprehensive Database indicates that this compound is for the treatment of osteoarthritis and exercise induced muscle injuries. The medical records do not indicate that the patient has either of these conditions. In summary, there is no support from the MTUS Guidelines for the long-term use of cyclobenzaprine and no support from the Natural Medicines Comprehensive Database for the use of Methylsulfonylmethane. This compounded medication is not considered as medically necessary.