

Case Number:	CM14-0020035		
Date Assigned:	05/30/2014	Date of Injury:	01/28/2011
Decision Date:	08/07/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	02/18/2014

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 Physical Medicine and 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 injured worker is a 30-year-old male who reported an injury on 01/28/2011 with the mechanism of injury not cited within the documentation provided. In the clinical notes dated 12/17/2013, the documentation is a letter of medical necessity for prescribed medications. The prescribed medications included Dicopanol 5 mg/mL oral suspension 150 mL, 1 mL by mouth at bedtime; Deprizine 5 mg/mL oral suspension 200 mL, 10 mL once daily; Fanatrex 25 mg/mL oral suspension 420 mL, 5 mL (1 teaspoon) 3 times a day; Synapryn 10 mg/1 mL oral suspension 500 mL, 3 times a day as directed; and Tabradol 1 mg/mL oral suspension 250 mL, 2 to 3 times a day, dosage 5 mL (1 teaspoon). The request for authorization for retrospective request for Tabradol for the left knee dispensed on 12/17/2013 was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Tabradol for the left knee dispensed on 12/17/13: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The request for retrospective request for Tabradol for the left knee dispensed on 12/17/2013 is not medically necessary. The California MTUS Guidelines state that

cyclobenzaprine is recommended as an option, used in a short course of therapy. Cyclobenzaprine is more effective than placebo in the management of back pain; the effect is modest and comes with the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The addition of cyclobenzaprine to other agents is not recommended. In the clinical notes provided for review, there is a lack of documentation of the injured worker's pain level status with or without the use of prescribed medications, a lack of physical examination, and a lack of rationale for the request of prescribed medications. Furthermore, the guidelines do not recommend the use of cyclobenzaprine in addition to other agents as in Tabradol. Therefore, the request for retrospective request for Tabradol for the left knee dispensed on 12/17/2013 is not medically necessary.