

<b>Case Number:</b>	CM14-0025926		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	12/16/2012
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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, has a subspecialty in Pain Management 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 presented with a date of injury of December 16, 2012. A utilization review determination dated February 13, 2014 recommends noncertification of Tabradol. A letter of medical necessity dated September 23, 2013 recommends the use of Tabradol, stating that this compound contains cyclobenzaprine with MSM. The note goes on to indicate that the patient has failed a nonsteroidal anti-inflammatory medications. A progress report dated September 20, 2013 includes subjective complaints of tenderness in the posterior superior iliac spine area and spinous processes. Subjective complaints include radicular pain, muscle spasms, and knee pain. The note indicates that the medications do offer temporary relief and improve her ability to have restful sleep. Diagnoses included lumbar spine herniated nucleus pulposus and lumbar radiculopathy. The treatment plan recommends a pain management consult, lumbar epidural steroid injection, chiropractic care, and shockwave therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TABRADOL 5 ML, 2-3 TIMES A DAY, 1 MG/ML ORAL SUSPENSION 250 ML:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants; Anti-Spasmodics Page(s): 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. MTUS Guidelines go on to state that Cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by MTUS guidelines. Finally, there is no indication as to why a solution with MSM is required for this patient as opposed to the more standard PO formulation. In the absence of such documentation, the request for Tabradol is not medically necessary and appropriate.