

Case Number:	CM14-0075771		
Date Assigned:	07/16/2014	Date of Injury:	03/22/2006
Decision Date:	08/29/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/24/2014

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 Anesthesiology, has a subspecialty in Pain 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 male with date of injury 3/22/2006. The mechanism of injury is stated as hurting his back while carrying a heavy object. The patient has complained of lower back pain since the date of injury. He is status post lumbar spine surgery. He has also been treated with physical therapy and medications. There are no radiographic data included for review. The objective is to have decreased and painful range of motion of the lumbar spine, decreased sensation in the L1-L5 distribution bilaterally, positive straight leg raise test bilaterally. His diagnoses are: lumbar strain, lumbar radiculopathy, and status post lumbar spine surgery. The treatment plan and request is for Tabradol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tabradol 1 mg 250 ml (Cyclobenzaprine, Methylsulfonylmethane and other ingredients):
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter: Compound drugs.

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

Decision rationale: This 53 year old male has complained of lower back pain since date of injury 3/22/06. He is status post lumbar spine surgery and has also been treated with physical therapy and medications to include Tabradol since at least 03/2013. The current request is for Tabradol, an oral suspension of Cyclobenzaprine. Per the MTUS guidelines cited above, treatment with Cyclobenzaprine should be reserved as a second line agent and should be used for a short course (2 weeks) only, and the addition of Cyclobenzaprine to other agents is not recommended. On the basis of the cited MTUS guidelines, Tabradol is not indicated as medically necessary in this patient.