MAXIMUS Federal Services

Case Number:	CM14-0099988		
Date Assigned:	07/28/2014	Date of Injury:	01/05/2014
Decision Date:	01/28/2015	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	06/30/2014

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 Occupational 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 applicant is a represented [redacted] employee who has filed a claim for neck pain, wrist pain, elbow pain, low back pain, ankle pain, mood disturbance, and anxiety disorder reportedly associated with an industrial injury of January 5, 2014.In a Utilization Review Report dated June 20, 2014, the claims administrator failed to approve a request for Tabradol suspension. The claims administrator referenced a May 21, 2014 progress note in its denial.The applicant's attorney subsequently appealed.In a handwritten note dated May 22, 2014, the applicant was asked to pursue eight sessions of chiropractic manipulative therapy and an orthopedic consultation.In a June 18, 2014 progress note, the applicant was placed off of work, on total temporary disability, through July 23, 2014. Topical compounds, including a ketoprofen-containing cream and a cyclobenzaprine-containing cream were endorsed, along with Tabradol, an amalgam of "cyclobenzaprine, methylsulfonylmethane (MSM) and other proprietary ingredients." Various other dietary supplements and topical compounds were also endorsed while the applicant was kept off of work owing to reported multifocal complaints of low back, elbow wrist, shoulder, and neck pain with derivative complaints of anxiety and psychological stress.On January 22, 2014, various dietary supplements and topical compounds were also endorsed, including Deprizine, Dicopanol, Fanatrex, lisinopril, Tabradol, Cyclophene, and a ketoprofen-containing cream. The applicant was again kept off of work. The applicant was described as using ibuprofen on that date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tabradol 1mg/ml Oral suspension 250ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation National Library of Medicine (NLM) Tabradol Medication Guide.

Decision rationale: As noted by the attending provider and by the National Library of Medicine (NLM), Tabradol is an amalgam of cyclobenzaprine and other proprietary ingredients. However, page 113 of the MTUS Chronic Pain Medical Treatment Guidelines notes that muscle relaxants such as cyclobenzaprine are not recommended for compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the applicant has seemingly used Tabradol for what appears to be a minimum of several months, despite the seemingly unfavorable MTUS position on the same, and has, furthermore, failed to profit from the same. The applicant continues to report multifocal complaints of knee pain, shoulder pain, ankle pain, wrist pain, low back pain, and elbow pain. The applicant remains off of work, on total temporary disability. It does not appear that ongoing usage of Tabradol has, in short, proven beneficial here in terms of the functional improvement parameters established in MTUS 9792.20f. Therefore, the request is not medically necessary.