

<b>Case Number:</b>	CM15-0147654		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	01/11/2008
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	07/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: North Carolina  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 53 year old male who reported an industrial injury on 8-1-2010. His diagnoses, and or impression, were noted to include: cervical spine herniated nucleus pulposes; low back pain; left shoulder osteoarthritis; right shoulder rotator cuff tear; lumbar spine degenerative disc disease; facet joint hypertrophy; and a history of Parkinson's disease. No current imaging studies were noted. His treatments were noted to include diagnostic studies; medication management; and rest from work. The progress report of 5-22-2015 noted a follow-up visit for frequent-constant, moderate-severe, burning, radicular neck pain with muscle spasms, associated with radiating pain, numbness and tingling in the bilateral upper extremities, and aggravated by activity; frequent-constant, moderate-severe, radiating bilateral shoulder pain, associated with muscle spasms and weakness, and aggravated by activity and sleeping on the right side; frequent-constant, moderate-severe radiating low back pain into the lower extremities, associated with numbness and tingling, and aggravated by activity; disruption of his activities of daily living; and difficulty sleeping with anxiety, stress and depression. He reported that his medications do offer temporary relieve of pain and improve his ability for rest, sleep, and activities. Objective findings were noted to include tenderness and spasms at the sub-occipital region, scalene and over the sternocleidomastoid muscles in the cervical spine, with decreased range-of-motion and positive bilateral cervical compression and distraction tests; tenderness at the supra-spinatus muscles, tendon and muscle attachment sites, "AC" joint, and subacromial space at the left shoulder with decreased range-of-motion of the bilateral shoulders; slightly diminished sensation at the cervicothoracic dermatomes in the bilateral upper extremities; a slight decrease in motor strength of the bilateral upper extremities; and painful

heel-toe walking with tenderness at the lumbar para-spinal muscles and lumbosacral junction with decreased lumbar range-of-motion, slightly diminished lumbosacral dermatomes in the bilateral lower extremities, and a slight decrease in bilateral motor strength secondary to pain. The physician's requests for treatments were noted to include the continuation of Tabradol for muscle spasms.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Tabradol 1mg/ml 2-3 times a day for muscle spasms: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-65.

**Decision rationale:** The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore the request is not medically necessary.