

<b>Case Number:</b>	CM15-0160052		
<b>Date Assigned:</b>	08/26/2015	<b>Date of Injury:</b>	01/01/2015
<b>Decision Date:</b>	09/29/2015	<b>UR Denial Date:</b>	07/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 39 year old female, who sustained an industrial injury on 1-1-15. The injured worker has complaints of neck; mid back and low back pain. The documentation noted that the injured workers neck pain is associated with numbness and tingling of the bilateral upper extremities and low back pain is associated with numbness and tingling of the bilateral lower extremities. The cervical spine examination has tenderness to palpation at the occiputs, trapezius, sternocleidomastoid and levator scapula muscles and range of motion is limited. The thoracic spine has tenderness with spasms noted over eh bilateral thoracic paraspinals and limited range of motion. Lumbar spine examination reveals tenderness to palpation at the spinal segments L4-S1 (sacroiliac), more on the left side and there are bilateral PSIS (posterior superior iliac spine) and sciatic notch tenderness noted and limited range of motion. The diagnoses have included cervical spine sprain and strain rule out herniated nucleus pulposus (HNP); rule out cervical spine radiculopathy; thoracic spine pain; thoracic spine sprain and strain rule out herniated nucleus pulposus (HNP); low back pain; lumbar spine sprain and strain rule out herniated nucleus pulposus (HNP) and rule out radiculitis, lower extremity. Treatment to date has included deprizine; dicopanol; fanatrex; synapryn; trabradol; cyclobenzaprine; ketoprofen; acupuncture; chiropractic treatment; shockwave therapy and neurostimulation therapy. The request was for tabradol 1mg-ml 250ml 1 tsp 2-3 times a day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tabradol 1mg/ml 250ml 1 tsp 2-3 times a day: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), p41 (2) Muscle relaxants, p63. Decision based on Non-MTUS Citation Tabradol Instructions Insert.

**Decision rationale:** The claimant sustained a work-related injury in January 2015 and is being treated for pain throughout the spine with upper extremity and lower extremity numbness and tingling. When seen, there was decreased spinal range of motion with tenderness and muscle spasms. There was bilateral posterior superior iliac spine and sciatic notch tenderness. There was decreased upper extremity and lower extremity strength and sensation. Tabradol is cyclobenzaprine in a FusePaq. Compounding kit which is intended for prescription compounding only. In this case, although the claimant is receiving multiple medications, there is no evidence that there is a need for medications provided in a compounded or oral suspension formulation and long-term use of a muscle relaxant is not recommended. Tabradol is not medically necessary.