

<b>Case Number:</b>	CM15-0032283		
<b>Date Assigned:</b>	02/25/2015	<b>Date of Injury:</b>	02/28/2014
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 44 year old sustained an industrial injury on 2/28/14, with subsequent ongoing low back pain. Computed tomography of the cervical spine and lumbar spine showed degenerative disc disease. Treatment included medications, epidural steroid injections and medial branch blocks. In a PR-2 2/4/15, the injured worker complained of burning, radicular low back pain 8/10 on the visual analog scale with muscle spasms associated with bilateral lower extremity numbness and tingling as well as bilateral hip pain and bilateral knee pain. The injured worker expressed frustration about his injury and was experiencing stress, anxiety, insomnia and depression. The treatment plan included a prescription for Tabradol. On 2/5/15, Utilization Review noncertified a request for Tabradol 1mg/ml 250ml (cyclobenzaprine) citing CA MTUS Chronic Pain Medical Treatment and ODG Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tabradol 1mg/ml 250ml (cyclobenzaprine): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available). Decision based on Non-MTUS Citation Official Disability Guidelines, Compound Drugs.

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

**Decision rationale:** According to MTUS guidelines, Cyclobenzaprine, a non sedating muscle relaxant, is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The guidelines do not recommend being used for more than 2-3 weeks. The patient in this case does not have clear recent evidence of recent spasm and the prolonged use of Tabradol 1mg/ml 250ml (cyclobenzaprine) is not justified. Therefore, the request for Tabradol 1mg/ml 250ml (cyclobenzaprine) is not medically necessary.