

Case Number:	CM15-0039809		
Date Assigned:	03/10/2015	Date of Injury:	06/28/2013
Decision Date:	04/14/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/02/2015

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: California

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 30 year old female who sustained an industrial injury on June 28, 2013. She has reported injury to the cervical spine, thoracic spine, right arm, and right hand and has been diagnosed with cervical radiculitis, cervical sprain/strain, thoracic sprain/strain, right elbow sprain/strain, right forearm pain, right wrist sprain/strain, right wrist tenosynovitis, and right hand tenosynovitis. Treatment has included shockwave therapy treatment and TENS unit. Currently the injured worker had tenderness to palpation of the cervical paravertebral muscles and thoracic paravertebral muscles with spasm. There was tenderness to palpation of the dorsal forearm and volvar forearm with muscle spasm. There was also tenderness to palpation of the dorsal wrist and volar wrist. Phalens and Finklesteins test were positive. The treatment plan included shockwave therapy and TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tabradol 1mg/ml 250ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Compound Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 63-66 of 127. Decision based on Non-MTUS Citation <http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=5d19ef8b-eef3-4d52-95f5-929765ca6dc7>.

Decision rationale: Regarding the request for Tabradol, Tabradol contains cyclobenzaprine hydrochloride 1 mg/mL, in oral suspension with MSM - compounding kit. Regarding cyclobenzaprine, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Tabradol is not medically necessary.