MAXIMUS Federal Services

Case Number:	CM15-0044054		
Date Assigned:	03/16/2015	Date of Injury:	10/29/2012
Decision Date:	04/17/2015	UR Denial Date:	02/07/2015
Priority:	Standard	Application Received:	03/09/2015

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
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:

The injured worker is a 39 year old male, who sustained an industrial injury on October 29, 2012. He reported injury to his legs and lumbar spine. The injured worker was diagnosed as having lumbar disc displacement, lumbar spine pain, lumbar spine radiculopathy and left hip sprain/strain rule out internal derangement. Treatment to date has included diagnostic studies, physical therapy, epidural injections, chiropractic treatment and medications. On December 16, 2014, the injured worker complained of burning, radicular low back pain and muscle spasms. He rated the pain as a 6-7 on a 1-10 pain scale. The pain is constant, moderate to severe. The pain is associated with numbness and tingling of the bilateral lower extremities. He also complained of burning left hip pain and muscles spasms. This pain was rated as a 6-7 on a 1-10 pain scale. He reported that the symptoms persist but his medications do offer him temporary relief of pain and improve his ability to have restful sleep. The pain is also alleviated by activity restrictions. The treatment plan included an MRI scan of the lumbar spine and left hip, referral to an orthopedic surgeon regarding the lumbar spine and medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tabradol 1 mg/ml oral suspension 5 ml (tsp) 2-3 times a day #250 ml: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG)-compound drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: Tabradol is a combination medication product, which contains cyclobenzaprine, methylsulfonylmethane, and other ingredients. The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, although muscle spasm was noted on physical examination and reported by the worker, the use of Tabradol was not discussed as providing any measurable functional gains with its regular use, as this was not reported in the documentation. Regardless, the use of muscle relaxants chronically is not recommended use, and therefore, the Tabradol will be considered medically unnecessary.