

Case Number:	CM15-0122393		
Date Assigned:	07/06/2015	Date of Injury:	01/05/2014
Decision Date:	08/04/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/24/2015

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: Preventive Medicine, Occupational 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 49 year old female sustained an industrial injury to the neck, shoulders, wrists, elbows, knees, right ankle and low back on 1/5/14. Previous treatment included magnetic resonance imaging, right knee arthroscopy (10/23/14), left knee arthroscopy with meniscectomy (3/23/15), physical therapy, chiropractic therapy, epidural steroid injections and medications. In a PR-2 dated 5/6/15, the injured worker complained of neck pain associated with numbness and tingling of bilateral upper extremities, bilateral shoulder pain, bilateral elbow pain associated with weakness, numbness, tingling and pain radiating to the hands and fingers, bilateral wrist pain, low back pain associated with numbness and tingling of bilateral lower extremities, bilateral knee pain with pain, numbness and tingling radiating to bilateral feet and right ankle pain. The injured worker rated her pain 4-6/10 on the visual analog scale. The injured worker also complained of headaches, visual disturbances, stress, anxiety, insomnia and depression. Current diagnoses included visual disturbance, headaches, cervicalgia, cervical disc displacement, cervical spine radiculopathy, bilateral shoulder pain, bilateral elbow pain, bilateral wrist pain, low back pain, lumbar spine intervertebral disc displacement, rule out lumbar spine radiculopathy, bilateral knee pain, right ankle pain, mood disorders, anxiety disorder, stress and sleep disorder. The treatment plan included requesting a cane, three sets of platelet rich plasma treatments to bilateral knees, a functional capacity evaluation, a psychology evaluation and medications (Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Cyclobenzaprine and Ketoprofen Cream).

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 #250ml: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter (Online Version).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Section Page(s): 41, 42, 63, 64.

Decision rationale: Tabradol is cyclobenzaprine in oral suspension. Chronic use of cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. The use of cyclobenzaprine is only recommended as an option, using a short course of therapy with the greatest effect in the first 4 days of treatment. The injured worker has pain from an old injury and there is no indication in the history of an acute exacerbation that may benefit from the use of a muscle relaxant. The request for Tabradol 1 mg/ ml oral suspension #250ml is not medically necessary.