MAXIMUS Federal Services

| Case Number: | CM15-0179087 | | |
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| Date Assigned: | 09/21/2015 | Date of Injury: | 08/01/2013 |
| Decision Date: | 11/06/2015 | UR Denial Date: | 09/03/2015 |
| Priority: | Standard | Application Received: | 09/11/2015 |

## 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: North Carolina
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 35 year old male, who sustained an industrial injury on 8-1-2013. He reported developing pain the neck, upper and lower back, and the right elbow. Diagnoses include headache, multilevel cervical disc displacement and degeneration, stenosis, radiculopathy, right elbow epicondylitis, thoracic pain, lumbar disc displacement with spondylolisthesis, stenosis, and radiculopathy, anxiety and mood disorder. Treatments to date include activity modification, medication therapy, physical therapy, acupuncture treatments, shockwave treatments, and lumbar epidural steroid injections. Currently, he complained of ongoing headaches, and pain in the neck, elbow, mid and low back and reported stress, anxiety, insomnia and depression from chronic pain. On 7-8-15, the physical examination documented tenderness to the cervical tenderness with decreased range of motion and positive distraction and compression tests. The right elbow was noted as tender with decreased range of motion and positive Cozen's sign and Tinel's tests. There was decreased sensation of upper extremities bilaterally. The thoracic spine was tender with muscle spasms noted, decreased range of motion and a positive Kemp's test. The lumbar spine was tender with muscle spasms, decreased sensation to bilateral lower extremities, and positive sitting root and straight leg raise tests. The appeal requested authorization for Tabradol 1mg- 1ML oral suspension 250 ML. The Utilization Review dated 9-3-15, denied the request indicating that the available documentation did not support that California Medical treatment Utilization Schedule (MTUS) Guidelines were met.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Tabradol 1mg/ml Oral Suspension 250ml:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Compound Drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (Van Tulder, 2003) (Van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain, but rather for ongoing and chronic neck pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore the request is not medically necessary.