

<b>Case Number:</b>	CM15-0097523		
<b>Date Assigned:</b>	05/28/2015	<b>Date of Injury:</b>	01/01/2014
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 38-year-old female, with a reported date of injury of 01/01/2014. The diagnoses include headaches, neck pain, cervical disc displacement, cervical radiculopathy, bilateral shoulder joint sprain, rule out bilateral shoulder joint derangement, bilateral wrist pain, joint derangements of the bilateral wrist, left wrist TFCC (triangular fibrocartilage complex) tear, low back pain, lumbar radiculopathy, rule out lumbar disc displacement, bilateral foot pain, plantar fascial fibromatosis, and right foot osteoarthritis. Treatments to date have included oral medications, physiotherapy for the left wrist, cervical, and lumbar spine, acupuncture, electrodiagnostic studies, extracorporeal shock wave treatment, and chiropractic treatment. The progress report dated 04/29/2015 indicates that the injured worker complained of headaches, neck pain, rated 4-5 out of 10, bilateral shoulder pain that was rated 5 out of 10, bilateral wrist pain which was rated 5 out of 10, low back pain rated 6-7 out of 10, and bilateral feet pain, rated 5 out of 10. She stated that the symptoms persisted, but the medications offered her temporary relief of pain and improved her ability to have restful sleep. She denied any problems with the medications. The objective findings include tenderness to palpation of the trapezius and levator scapular muscles, tenderness to palpation of the splenius, scalene, and sternocleidomastoid muscles, decreased cervical spine range of motion, tenderness to palpation of the rhomboid muscles, with a trigger point, tenderness to palpation over the biceps tendon, decreased internal rotation of the left shoulder, and decreased external rotation of the right shoulder, tenderness to palpation at the triangular fibro cartilage complex of the bilateral wrists, tenderness at the carpal tunnel, decreased bilateral wrist range of motion, slightly diminished sensation to pinprick and light touch over the C5 and C6 dermatomes and along the median nerve distribution in the bilateral upper extremities, tenderness to palpation at the lumbar paraspinal muscles and over the lumbosacral junction, tenderness to palpation at the quadratus lumborum muscle, trigger points throughout the low back, tenderness to palpation at both sciatic notches, decreased lumbar spine

range of motion, positive bilateral straight leg raise, and tenderness to palpation over the bilateral plantar fascia. The treating physician requested Tabradol oral suspension.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Retrospective request for Tabradol 1mg/ml oral suspension 250ml (DOS: 12/1/14): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Per MTUS Chronic Pain Guidelines on muscle relaxant, it is not recommended for mild to moderate chronic persistent pain problems including chronic pain (other than for acute exacerbations) due to the high prevalence of adverse effects in the context of insufficient evidence of benefit as compared to other medications. Submitted reports have no demonstrated spasm or neurological deficits to support for continued use of a muscle relaxant for this chronic injury. Due to the unchanged objective findings without demonstrated evidence of acute muscle spasm, the indication and necessity for continued use of muscle relaxant has not been adequately addressed to warrant continued treatment regimen. MTUS Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury. The Retrospective request for Tabradol 1mg/ml oral suspension 250ml (DOS: 12/1/14) is not medically necessary and appropriate.