

<b>Case Number:</b>	CM14-0116820		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	11/08/2011
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	07/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2014

### 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. The expert reviewer is Board Certified in Anesthesiology has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 28 year old female who had a work related injury on 11/08/2011. The mechanism of injury is not documented. The most recent progress note submitted for review is dated 06/23/14. The injured worker was seen for routine follow for the work related injury and reports having constant, severe pain in the lower back with a 6-7/10 in severity radiating to bilateral legs and feet. The pain is described as sharp and shooting. The injured worker has had increased pain for the past month and would take more medication to lessen the pain. The injured worker did have chiropractic treatment but she is hesitant to receive manipulation while pain is flaring up. Physical examination noted speech is normal. Gait is normal. Sensation is intact to light touch and pinprick in all dermatomes tested of both lower extremities. There is tenderness noted at the L4 spine level, and right sacroiliac joint. There is positive sacral compression test. Diagnosis is lumbar slipped disc. Prior utilization review on 07/07/14 modified the Lorzone from #60 to #15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lorzone 750 mg #60 1 tab BID:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxant (for pain) Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Muscle relaxant (for pain).

**Decision rationale:** The request for Lorzone 750 mg #60 1 tab BID is not medically necessary. Recommend non-sedating muscle relaxants with caution as a second-line option for short-term (less than two weeks) treatment of acute low back pain (LBP) and for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond non-steroidal anti-inflammatory drugs in pain and overall improvement. Therefore medical necessity has not been established.