

Case Number:	CM14-0126307		
Date Assigned:	08/13/2014	Date of Injury:	05/13/2014
Decision Date:	12/30/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/08/2014

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 Connecticut. 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:

After careful review of the medical records, this is a 44-year-old male with complaints of low back pain. The date of injury is 05/13/14 and the mechanism of injury was he felt sharp pain while getting up from squatting position while picking up material. At the time of request for Lorzone 750 mg and Norco 7.5/325 mg, there is subjective (constant moderate low back pain 5/10 associated with intermittent numbness of both legs. Pain rated 5-6/10 on 05/28/14 and 5/10 on 06/25/14. Lumbar ESI was recommended because of increased pain.), objective (paralumbal muscle guarding) findings, imaging/other findings (L-spine MRI dated 05/21/14 revealed disc/end-plate degeneration, small right eccentric disc extrusion/bulge and mild facet hypertrophy at L4-5 and L5-S1, loss of disc height, fatty end-plate degeneration at L5-S1; right eccentric disc extrusion/bulge at L4-5 minimally displaces the L5 nerve roots in the axillary recesses, right greater than left; right eccentric disc extrusion/bulge at L5-S1 minimally displaces the right S1 nerve root in the right axillary recess, disc bulge minimally abuts the left S1 nerve root; and mild to moderate bilateral L5-S1 foraminal narrowing, L5 nerve roots marginally exit freely.), current medications (Lorzone and Norco), diagnoses (lumbar intervertebral disc without myelopathy), and treatment to date (epidural injection with benefit and Norco and Lorzone with 50% pain relief. He has been on Lorzone and Norco since at least 05/13/14.) The request for Lorzone 750 mg #60 b.i.d and Norco 7.5/325 mg #100 q6hrs was denied on 07/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorzone 750mg # 60b.i.d (Take Twice Daily): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): CHAPTER 3.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

Decision rationale: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (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 non-steroidal anti-inflammatory drugs (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) Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen. (Chou, 2004) According to a recent review in American Family Physician, skeletal muscle relaxants are the most widely prescribed drug class for musculoskeletal conditions (18.5% of prescriptions), and the most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. (See2, 2008) Classifications: Muscle relaxants are a broad range of medications that are generally divided into antispasmodics, antispasticity drugs, and drugs with both actions. (See, 2008) (van Tulder, 2006) In this case, while there was mention of the need for the Lorzone as a muscle relaxant there was no clear detail provided as to what specific overall functionality has been achieved with this medication as opposed to functionality without them. There was also no documentation of objective muscle spasms present on physical exam to support the need for the Lorzone, Also, the long-term use of muscle relaxants for chronic pain is not supported in the guideline.

Norco 7.5/325mg #100q6hrs (Every 6 Hours): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-84.

Decision rationale: Norco (Hydrocodone + Acetaminophen) is indicated for moderate to severe pain. It is classified as a short-acting opioids, often used for intermittent or breakthrough pain. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily

living, adverse side effects, and aberrant drug-taking behaviors)." In this case, while there was mention of the need for the Norco for pain, but there was no clear detail provided as to what specific overall functionality has been achieved with this medication as opposed to functionality without them. The long-term use of opioids for chronic pain is not supported in the guidelines without a structured program for the prescribing of opioids as clearly stated above. Therefore, the request for Norco 7.5/325mg #100 q6hrs (Every 6 Hours) is not medically necessary.