

Case Number:	CM14-0151727		
Date Assigned:	09/19/2014	Date of Injury:	10/01/2009
Decision Date:	11/24/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/16/2014

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 Occupational Medicine and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and groin pain reportedly associated with an industrial injury of October 1, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; opioid therapy; earlier lumbar fusion surgery; epidural steroid injection therapy; muscle relaxants; and psychological counseling. In a Utilization Review Report dated September 9, 2014, the claims administrator partially approved a request for Lorzone, a muscle relaxant. The applicant's attorney subsequently appealed. In a July 22, 2014, progress note, the applicant was given prescriptions for Duragesic, Norco, and Lorzone. The applicant was asked to cease smoking. Ongoing complaints of low back pain were noted, 7/10. The applicant had recently completed a functional restoration program. The applicant's medications included Duragesic, Norco, Lorzone, Neurontin, Tenormin and Lasix. The applicant's work status was not clearly outlined. The attending provider suggested that the applicant could continue using Lorzone up to twice daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorzone 750mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant (For Pain) Page(s): 65.

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

Decision rationale: As noted on page 63 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as Lorzone are recommended for short-term use purposes, to combat acute exacerbations of low back pain. In this case, however, the attending provider wrote on a July 22, 2014, progress note that the applicant was already using Lorzone chronically as of that point in time. The attending provider went on to suggest that the applicant continued usage of Lorzone at a rate of twice daily. Such usage, however, is incompatible with the short-term usage endorsed on page 63 of the MTUS, Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.