

Case Number:	CM14-0158613		
Date Assigned:	10/02/2014	Date of Injury:	04/02/2013
Decision Date:	11/06/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/26/2014

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 pain reportedly associated with an industrial injury of April 2, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; sleep aids; opioid therapy; earlier lumbar spine surgery; and muscle relaxants. In a Utilization Review Report dated September 4, 2014, the claims administrator denied a request for Lorzone, denied a request for laboratory testing, approved a urine drug screen, approved Lyrica, approved Norco, and approved Lunesta. The applicant's attorney subsequently appealed. In an August 27, 2014 progress note, the applicant reported persistent complaints of low back pain, 4-7/10. The applicant stated that his activity levels had decreased and further noted that Lorzone was ineffectual. The applicant's medication list included Lyrica, Lorzone, Lunesta, Norco, and Valium, it was stated. The applicant had a BMI of 26. Multiple medications were renewed. In his note, the attending provider acknowledged that the applicant had received confirmatory drug testing on August 13, 2014. It was suggested (but not clearly stated) that the applicant was using marijuana, an illicit substance. Multiple medications were renewed, including Lorzone and Lyrica. Laboratory testing, including renal function testing and hepatic function testing, were sought. The applicant was asked to cease smoking.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorzone 375mg #30: 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 Relaxants Page(s): 7, 63.

Decision rationale: As noted on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, it is incumbent upon the prescribing provider to incorporate some discussion of medication efficacy into his choice of recommendations. In this case, the attending provider has not clearly stated why he is intent on continuing Lorzone if the applicant has stated that Lorzone has been ineffectual here. It is further noted that page 63 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that muscle relaxants such as Lorzone should be reserved for short-term treatment of acute exacerbations of chronic low back pain. The 30-tablet supply of Lorzone proposed, thus, runs counter to MTUS principles and parameters. Therefore, the request is not medically necessary.

Bloodwork Labs: Liver/Kidney Function Tests: Overturned

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 NSAIDs, Specific Drug Lists and Adverse Effects Page(s): 70.

Decision rationale: As noted on page 70 of the MTUS Chronic Pain Medical Treatment Guidelines, periodic monitoring of an applicant's chemistry profile to include liver and renal function testing is indicated in applicants using NSAIDs. In this case, while the applicant is not using NSAIDs, the applicant is using a variety of other medications which are processing the liver and kidneys, including Lyrica, Lorzone, Norco, Valium, etc. By analogy, assessment of the applicant's renal and hepatic function to ensure that the applicant's current levels of renal and hepatic function are consistent with currently prescribed medications is indicated. Therefore, the request is medically necessary.