

Case Number:	CM14-0159662		
Date Assigned:	10/03/2014	Date of Injury:	08/21/2001
Decision Date:	10/29/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/29/2014

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:

According to the records made available for review, this is a 42-year-old male with an 8/21/01 date of injury. At the time (9/2/14) of request for authorization for Lorzone 750mg #60/30/0, request date 9/2/14, there is documentation of subjective (continued pain in the low back and bilateral legs) and objective (using a cane for ambulation and ongoing tenderness over the low back that radiates to the legs) findings, current diagnoses (chronic severe low back pain, myofascial pain/spasm, poor sleep hygiene due to pain, and analgesic dependency), and treatment to date (Lorzone since at least 7/8/14, ongoing treatment with several muscle relaxants (Soma and Baclofen) and opioids, and spinal cord stimulator placement). There is no documentation of acute exacerbation of chronic low back pain, short-term (less than two weeks) treatment, and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Lorzone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorzone 750mg #60/30/0, request date 9/2/14: 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 relaxants (for pain) Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG) Pain, Muscle relaxants (for pain) Title 8, California Code of Regulations, section 9792.20; (<http://www.drugs.com/mtm/lorzone.html>)

Decision rationale: An online search identifies Lorzone (Chlorzoxazone) as a muscle relaxant. MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of chronic severe low back pain, myofascial pain/spasm, poor sleep hygiene due to pain, and analgesic dependency. In addition, there is documentation of chronic low back pain. However, there is no documentation of acute exacerbation of chronic low back pain. In addition, given documentation of ongoing treatment with Lorzone since at least 7/8/14, there is no documentation of short-term (less than two weeks) treatment. Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Lorzone. Therefore, based on guidelines and a review of the evidence, the request for Lorzone 750mg #60/30/0, request date 9/2/14 is not medically necessary.