

Case Number:	CM14-0165631		
Date Assigned:	10/10/2014	Date of Injury:	05/16/2009
Decision Date:	11/19/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/08/2014

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 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:

Clinical Summary: The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, bilateral upper extremity, low back, and bilateral lower extremity pain reportedly associated with an industrial injury of May 16, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; topical agents; muscle relaxants; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated September 30, 2014, the claims administrator denied a request for Lorzone, a muscle relaxant. The applicant's attorney subsequently appealed. In an August 26, 2014 progress note, the applicant reported ongoing complaints of low back pain with associated radicular symptoms. The applicant was asked to continue modified duty work. Epidural steroid injection therapy was sought. There was no mention of medication selection or medication efficacy on this date. On July 17, 2014, the applicant again presented with ongoing complaints of low back pain radiating to the legs. The applicant was given Celebrex for pain relief on this occasion. In a progress note dated September 16, 2014, the applicant was described as using Protonix, Voltaren, Ambien, Celebrex, Lorzone, Cozaar, estrogen, hydrochlorothiazide, and belladonna. The applicant was still smoking. The applicant was not working, it was acknowledged. Ambien, Voltaren, Lorzone, Protonix, Celebrex, and smoking cessation were endorsed, along with permanent work restrictions. On July 1, 2014, the applicant was given prescriptions for Ambien, Celebrex, and Lorzone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorzone 750mg tablet 1 daily as needed quantity 30 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants topic Page(s): 63. Decision based on Non-MTUS Citation National Library of Medicine (NLM), Lorzone Medication Guide.

Decision rationale: Per the National Library of Medicine (NLM), Lorzone is a muscle relaxant. However, as noted on page 63 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants are recommended as second-line agents for short-term use, for treatment of acute exacerbation of chronic low back pain. The 30-tablet supply of Lorzone with one refill, however, implies chronic, long-term, and/or scheduled use of the same. Such usage 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.