

Case Number:	CM14-0044419		
Date Assigned:	07/02/2014	Date of Injury:	01/28/2008
Decision Date:	11/14/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/11/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is an injured worker with the diagnoses were chronic lumbosacral strain, status post left hip arthroscopy 02/21/12, and status post right hip arthroscopy 09/01/09. Date of injury was 01/28/08. Primary treating physician's report dated 03/17/14 indicates that the patient complains of constant mild to moderate right hip pain rated 5/10; left hip pain rated 2/10; and low back pain rated 3/10. The patient is ambulatory with a walker. The patient sleeps in a recliner. The patient sleeps about three hours a day and is unable to help with household chores. The patient has juvenile diabetes and is on insulin. Examination of the lumbar spine reveals limited range of motion. The patient is ambulatory with a straight cane, antalgic gait is noted. Treatment plan included Norco, Lorzone, and Trazodone. Utilization review determination date was 4/1/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorzone 75 mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for Pain. Decision based on Non-MTUS Citation Official Disability Guidelines, Muscle Relaxants for Pain

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Muscle Relaxants, Chlorzoxazone

Page(s): 63-65 65. Decision based on Non-MTUS Citation FDA Prescribing Information: Lorzone Chlorzoxazone <http://www.drugs.com/pro/lorzone-tablets.html>

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses muscle relaxants. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAIDs has no demonstrated benefit. Muscle relaxants may hinder return to function by reducing the patient's motivation or ability to increase activity. Table 3-1 states that muscle relaxants are not recommended. Chronic Pain Medical Treatment Guidelines (Page 63-66) address muscle relaxants. Muscle relaxants should be used with caution as a second-line option for short-term treatment. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to a review in American Family Physician, muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Muscle relaxant drugs with the most limited published evidence in terms of clinical effectiveness include Chlorzoxazone. FDA guidelines state that Lorzone (Chlorzoxazone) is indicated for acute musculoskeletal conditions. The mode of action of this drug has not been clearly identified. Chlorzoxazone does not directly relax tense skeletal muscles in man. Medical records indicate that the patient's occupational injuries are chronic, not acute. FDA guidelines state that Lorzone is indicated for acute, not chronic, conditions. MTUS, ACOEM, and FDA guidelines do not support the use of Lorzone. Therefore, the request for Lorzone 75 mg, #30 is not medically necessary.