

Case Number:	CM14-0064759		
Date Assigned:	07/11/2014	Date of Injury:	08/20/2008
Decision Date:	10/01/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/08/2014

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:

The patient is a 62-year-old female who has submitted a claim for postlaminectomy syndrome-cervicalgia associated with an industrial injury date of 8/20/2008. Medical records from 9/24/2013 up to 4/15/2014 were reviewed showing continued neck and left upper extremity pain 5/10 in severity. Her pain level has increased. Her quality of sleep is fair. Her activity level has remained the same. Physical examination revealed normal gait. Cervical spine examination showed restricted range of motions (ROMs) secondary to pain. There was spasm and tenderness over the bilateral paravertebral muscles. Spurling's maneuver causes pain in the muscles of the neck with radiations to upper extremity. Neck examination showed tenderness over the paracervical, rhomboids, and trapezius muscles. Left wrist examination revealed restricted ROM secondary to pain, positive Phalen's, and Tinel's signs. Treatment to date has included Lorzone 750 mg, Trazodone, Lexapro, Norco, Flector, and physical therapy. Utilization review from 4/28/2014 denied the request for Lorzone 750mg #60. This will be a new medication and the requested number of tablets exceeds that which is recommended. In addition, the mechanism of action is unknown and published evidence of its clinical effectiveness is limited.

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 Muscles relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Muscle relaxants (for pain), Page(s): , page 63-66.

Decision rationale: According to pages 63-66 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic lower back pain. However, in most lower back pain cases, they show no benefit beyond non-steroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen. Lorzone (Chlorzoxazone) is a drug that works primarily in the spinal cord and the subcortical areas of the brain. The mechanism of action is unknown but the effect is thought to be due to general depression of the central nervous system. Advantages over other muscle relaxants include reduced sedation and less evidence for abuse. In this case, the patient started using Lorzone since 4/15/14 for muscle spasms. It is recommended only as a 2nd line option because it shows no benefit beyond NSAIDs in pain and overall improvement. In addition, the mechanism of action is unknown and published evidence of its clinical effectiveness is limited. The patient is currently using NSAIDs and opioids with no reported side effects. There is no discussion concerning need for variance from the guidelines. Therefore, the request for Lorzone 750mg #60 is not medically necessary.