MAXIMUS Federal Services

Case Number:	CM14-0065837		
Date Assigned:	07/11/2014	Date of Injury:	05/09/2002
Decision Date:	08/26/2014	UR Denial Date:	04/18/2014
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 Physical Medicine and Rehabilitation, and is licensed to practice in Calfornia. 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 injured worker is a 73-year-old male who reported an injury on 05/09/2002 due to an unknown mechanism. The injured worker was complaining of low back pain and bilateral leg pain. The injured worker rated the pain on average as 7/10 to 8/10. Functional levels since his last visit were noted as 7/10 to 8/10. The injured worker also complained of poor sleep quality due to pain. On 03/19/2014, the injured worker had a lumbar facet block with fluoroscopic guidance and needle localization, and a facet lesioning on the right at L3-5 on 05/20/2010 and facet lesioning on the left at L3-5 on 11/20/201. The physical examination dated 04/09/2014 indicated the injured worker continued to have ongoing axial back pain in his low back with spondylosis. There was tenderness to the paraspinal muscle noted with low back spasm. The injured worker's diagnoses were lumbago, thoracic and lumbosacral radiculitis, and degenerative lumbar lumbosacral intervertebral disc. The provider's treatment plan was for the injured worker to continue with medical management with medications. Within the treatment plan, there is a request for Lorzone 750 mg 1 to 2 times per day as needed for pain in the lumbar spine. The injured worker's medications were Ambien, fentanyl patch, Lorzone 750 mg take 1 to 2 tablets orally twice a day as needed, and Percocet 10/325 mg take 1 orally 3 times a day as needed for pain. The rationale for the requested medication was for low back spasms and pain. The Request for Authorization form dated 04/11/2014 was provided with documentation for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 Pieces of Lorzone, 750 mg 1-2 times a day as needed for Pain in Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Goodman and Gilmans's The Pharmacological Basis of Theraputics 12th editionPhysician Desk Reference 68th Edition www.RxList.comOfficial Disability Guidelines Drug FormularyEpocrates OnlineMonthly prescribing ReferenceOpioid Dose Calculator.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

Decision rationale: According to the California MTUS Guidelines, muscle relaxants can be used with caution as a second line option for the short-term treatment of acute exacerbation in injured workers with low back pain. It is also recommended that the muscle relaxants be non-sedating. The injured worker complained of having low back spasms. The request for Lorzone is a drug that primarily works in the spinal cord and the sub-cortical areas of the brain. The mechanism action is unknown, but the effects are thought to be due to general depression of the central nervous system. There is an advantage over other muscle relaxants, including reduced sedation and less evidence of abuse. Although there is documentation of the injured worker having muscle spasms, the efficacy of the medication was not provided. The class of this medication is a muscle relaxant, and muscle relaxants was intended as an option for the short-term treatment of acute exacerbation of injured workers with chronic low back pain. The injured worker had documentation of medication being listed on the clinical visit dated 11/13/2013, and per guidelines muscle relaxants are recommended for short term use. In addition there was no efficacy of the medication provided to support the continued use of the proposed medication. As such, the request is not medically necessary.