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| Case Number: | CM14-0091399 | | |
| Date Assigned: | 07/25/2014 | Date of Injury: | 08/10/1998 |
| Decision Date: | 10/22/2014 | UR Denial Date: | 06/03/2014 |
| Priority: | Standard | Application Received: | 06/17/2014 |

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 Nevada. 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 51 year-old individual was reportedly injured on August 10, 1998. The most recent progress note dated May 13, 2014, indicates that there are ongoing complaints of mid and low back pain. The physical examination demonstrated a decrease in lumbar spine range of motion, muscle spasm and tenderness to palpation. Diagnostic imaging studies objectified a fatty tumor in the lower lumbar spine, multiple level marked facet and ligamentum flavum hypertrophy, and other ordinary disease of life degenerative changes. Previous treatment includes multiple sessions of physical therapy, multiple medications, and other pain management interventions. A request was made for lorzone and was not certified in the pre-authorization process on June 3, 2014.

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 Muscle Relaxants Page(s): 63.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter updated October 2014

Decision rationale: Lorzone (chlorzoxazone) is a muscle relaxant type medication. This is for short-term relief of acute muscle skeletal pain syndromes. This is not listed in the MTUS or ACOEM. Therefore the parameters noted in the ODG were used. The FDA notes it is are looking this is not approved product. Therefore, when combining the fact that this is not approved medication with the lack of any specific functional improvement noted in the progress notes reviewed there is insufficient clinical data presented to support this request. The medical necessity has not been established. Therefore, the request is not medically necessary.