

Case Number:	CM14-0185890		
Date Assigned:	11/13/2014	Date of Injury:	10/01/2009
Decision Date:	01/15/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/07/2014

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 & Rehabilitation and Pain Management, 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 a 49 year old male with an injury date of 10/01/09. The patient is status post left L5-S1 fusion laminectomy, complete facetectomy, and lateral radical facetectomy; right L5-S1 laminectomy and foraminotomy; and partial L5 and S1 vertebrectomy on 07/09/12, as per progress report dated 10/14/14. Currently, the patient complains of low back pain radiating to the right leg. Physical examination of the lumbar spine indicates loss of normal lordosis with straightening of the lumbar spine. Range of motion is restricted with flexion at 60 degrees and extension of 15 degrees. Palpation of the paravertebral muscles reveals tenderness to palpation, hypertonicity, spasm and tight muscle band. Straight leg raise is positive on the left. There is decreased sensation to light touch and pin prick in the left lower extremities. As per progress report dated 09/16/14, the patient rates the pain as 6/10 with medications and 10/10 without medications. Current medications, as per progress report dated 10/14/14, include Duragesic, Norco, Lorzone, Gabapentin, Atenolol, and Lasix. The patient also underwent caudal epidural with cath on 07/22/13, and transforaminal left lumbar epidural steroid injection at L3, L4 and L5, as per the same progress report. The patient also participated in a functional restoration program. MRI of the Lumbar Spine, 03/20/13, as per progress report dated 10/14/14:- L2-3 and L4-5 degenerative disc disease- Annular fissure is a potential pain generator and source of left L2 nerve irritation EMG/NCV, 03/13/13, as per progress report dated 10/14/14: "Low grade" left L5 and S1 radiculopathy Diagnoses, 10/14/14:- Post lumbar laminectomy syndrome- Lumbar radiculopathy- Disc disorder lumbar- Low back pain The treater is requesting for LORZONE 750 mg # 60. The utilization review determination being challenged is dated 10/30/14. The rationale was "This is a muscle relaxant type medication and as per the package insert noted for limited use of no more than 2 weeks." Treatment reports were provided from 05/23/14 - 10/14/14.

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63,64.

Decision rationale: The patient is status post left L5-S1 fusion laminectomy, complete facetectomy, and lateral radical facetectomy; right L5-S1 laminectomy and foraminotomy; and partial L5 and S1 vertebrectomy on 07/09/12, and is currently suffering from low back pain that radiates to the right leg, as per progress report dated 10/14/14. The request is for LORZONE 750 mg # 60. Lorzone is Chlorzoxazone. Regarding muscle relaxants for pain, MTUS Guidelines page 63 states, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. 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." In this case, Lorzone was first trialed in progress report dated 05/27/14. It has been prescribed consistently since 06/24/14. In progress report dated 10/14/14, the patient states that Lorzone "is highly effective at addressing all day muscle spasms - occurring across low back and down extremities - tolerated w/o s/e of sedation or altered cognition." The patient states that Lorzone is working better than Soma and he cannot tolerate lowering the dose to 1/day. In the same progress report, the treater states that medications provide significant improvement in function. In progress report dated 09/16/14, the patient rates his pain with medications at 6/10 and without medications at 10/10. However, this information is not specific to Lorzone as the patient is taking other drugs to manage the pain. Although Lorzone seems highly effective for this patient, it is a second-line option and there is limited evidence in terms of its clinical efficacy. MTUS supports only a short-term use of sedating muscle relaxants and this patient has been on it for a long-term. This request is not medically necessary.