

<b>Case Number:</b>	CM14-0189138		
<b>Date Assigned:</b>	11/20/2014	<b>Date of Injury:</b>	11/01/2010
<b>Decision Date:</b>	01/26/2015	<b>UR Denial Date:</b>	11/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 Rehab 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 42 year old male with date of injury 11/01/10. The treating physician report dated 10/22/14 (108) Indicates that the patient presents with severe pain in the lumbar spine that has flared over the past week and has decreased his ability to perform physical ADLs. The physical examination findings reveal that the patient's gait is normal, lumbar paraspinal spasms are present and the patient is able to do bilateral straight leg raise. Prior treatment history includes TENs unit, cortisone injection, lavatory tests, home exercise program, and medications. MRI findings reveal small left central disc protrusion at L4-5, small right central disc protrusion at L5-S1, with mild congenital foraminal stenosis at L4-5 and L5-S1. The current diagnoses are: 1. Chronic Lumbosacral Strain 2. Lumbar Spondylosis 3. Chronic Left Shoulder Strain (mild) The utilization review report dated 11/04/14 denied the request for Trigger Point Injection & Lorzone 750mg #30, based on guidelines not being met and modified the request for Norco 7.5/325mg #90 to #60 for weaning purposes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger Point Injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Trigger Point Injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections, Page(s): 122.

**Decision rationale:** The patient presents with pain affecting his lower back which radiates into his bilateral legs and neck. The current retro-request is for Trigger Point Injection. The treating physician report dated 10/22/14 states, Trigger point injections were given today using Kenalog and Marcaine to reduce pain and inflammation due to flare ups. The appeal report dated 11/12/14 states. I gave the patient trigger point injection in my clinic instead of referring him to the nearest hospital emergency. This injection is not being administered on a daily basis. It was only given on the date of visit to help reduce the severity of his pain. Trigger point injection has been very helpful in reducing the patient. The MTUS guidelines state: Trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. In this case, there is no documentation of the patient having any evidence of a trigger point. The request is not medically necessary.

**Lorzone 750mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Muscle Relaxants.

**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, Lorzone <sup>®</sup> (chlorzoxazone).

**Decision rationale:** The patient presents with pain affecting his lower back which radiates into his bilateral legs and neck. The current request is for Lorzone 750mg #30. The treating physician report dated 10/22/14 states. The patient complains of constant, severe pain in his low back. Refill Lorzone 750mg #30 take 1 at bedtime. The MTUS guidelines do not address this medication. The ODG guidelines state, Not recommended. According to the manufacturer, the brand Lorzone is an available form of Chlorzoxazone. Generic chlorzoxazone is recommended for short-term (less than two weeks) treatment of acute LBP and for short-term treatment of acute exacerbations in patients with chronic LBP. In this case, the treating physician has documented that the patient has been on Lorzone since at least June 2014 (25). The manner which Lorzone was prescribed is to take it on a daily basis at bedtime. ODG guidelines only recommend this type of muscle relaxant for short term use. The request is not medically necessary.

**Norco 7.5/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 75-91.

**Decision rationale:** The patient presents with pain affecting his lower back which radiates into his bilateral legs and neck. The current request is for Norco 7.5/325mg #90. The treating physician 08/27/14 report states. The patient complains of constant, moderate pain in his lower back with 6/10 in severity prior to medications. His level of pain is severe 8/10. (76) The MTUS guidelines state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As, as well as "pain assessment." In this case, the treating physician, has documented that the patient has had somewhat decreased pain with the use of Norco but does not specifically quantify the pain relief. The progress notes provided state the IW frequently experiences severe pain and there is no indication the Norco helps. There is no mention of screening for opioid side effects. Functional improvement is indicated by the fact the IW continues to work. Aberrant behavior is monitored by urine drug screens. The documentation provided only indicates two of the four minimally required assessment criteria required by the MTUS. The request is not medically necessary.