

Case Number:	CM14-0199667		
Date Assigned:	12/10/2014	Date of Injury:	04/20/1998
Decision Date:	01/29/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/01/2014

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, 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:

This patient is a 45 year old female with a date of injury of 4/20/98. According to progress report dated 10/27/14, the patient presents with continued neck and low back pain. Current medication regimen includes Lyrica, Lunesta, Elavil, Baclofen, Ultram, Nucynta and Linsinopril power. Urine toxicology was provided on 8/25/14. Examination of the cervical spine revealed restricted range of motion with pain. Examination of the lumbar spine revealed paravertebral muscle tenderness noted bilaterally. Spurling's maneuver causes pain in the muscles of the neck but no radicular symptoms. Range of motion is restricted. According to report dated 7/28/14, the patient has been utilizing soma for her continued neck spasms, with side effects including "jittery" and difficulty concentrating. The listed diagnoses are: 1. Cervicalgia 2. Cervical pain 3. Mood disorder 4. Carpal tunnel syndrome 5. Low back pain 6. Lumbar facet syndrome. The request is for the medication Lorzone 375mg #90. The Utilization review denied the request on 11/18/14. Treatment reports from 6/9/14 through 10/27/14 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 Tablets of Lorzone 375 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

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

Decision rationale: This patient presents with continued neck and low back pain. The current request is for 90 tablets of Lorzone 375MG. 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." This is an initial request for the medication Lorzone. MTUS does not recommend long-term use of muscle relaxants and recommends using 3 to 4 days for acute spasms and no more than 2 to 3 weeks. This patient has chronic neck spasms and the request is for #90. The requested Lorzone #90 is not medically necessary.