

Case Number:	CM15-0101184		
Date Assigned:	06/03/2015	Date of Injury:	08/25/1998
Decision Date:	07/08/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/26/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 55 year old female, who sustained an industrial injury on 8/25/98. The injured worker was diagnosed as having cumulative trauma disorder, bilateral thoracic outlet syndrome, bilateral wrist tendinitis, cervical degenerative disc disease, cervical myofascial pain, stocking sensory loss and status post right thoracic outlet decompression. Treatment to date has included oral medications including Lorzone, Neurontin, Celebrex and Lunesta; topical medications including Butrans patch and Lidoderm patch, cervical epidural steroid injection, ganglion block, L2-3 hemilaminectomy, cervical traction, wedge pillow and TENS unit. (MRI) magnetic resonance imaging of cervical spine performed on 12/3/13 revealed multilevel degenerative disc disease with reversal of cervical lordosis and severe right C4-5 right/moderate left C5-6 and mild right/moderate left. Currently, the injured worker complains of neck pain with radiation to both arms and right elbow, rated 5/10 with medications and 8/10 without medications. She also reports poor sleep. Physical exam noted restricted range of motion of cervical spine with tenderness at paracervical muscles, trapezius and over bilateral occipital nerves and with palpation headache was reproduced; exam of lumbar spine revealed surgical scars, restricted range of motion and on palpation paravertebral muscles spasm, tenderness and tight band. A request for authorization was submitted for Butrans 10 Mcg patch #4, Lunesta 3 mg #30 and Lorzone 750 mg #60.

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 (for pain) Page(s): 67. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/lorzone-tablets.html>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-67.

Decision rationale: The patient has a chronic history of neck pain with pain referral into the arms. The current request is for Lorzone 750mg, #60. The treating physician report dated 4/17/15 (42b) states, "No new problems or side effects. She denies any new injury since last visit. The patient is taking her medications as prescribed. Continue Lorzone SIG: Take 1 up to two times a day as needed for muscle spasms." The CA MTUS does recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. While muscle relaxers can be useful for flare-ups of chronic pain, they are not intended for long-term use. In this case, the date of injury is back in 1998 and there is no documentation of an acute exacerbation. MTUS only recommends muscle relaxants for acute exacerbation with maximum of 2-3 weeks of usage. The patient has been prescribed this medication since at least October of 2014. The current request for Lorzone is not medically necessary.