

Case Number:	CM15-0135370		
Date Assigned:	07/23/2015	Date of Injury:	06/15/2002
Decision Date:	08/20/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/13/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 injured worker is a 49 year old male who reported an industrial injury on 6/15/2002. His diagnoses, and or impression, were noted to include: low back pain with radicular symptoms and degenerative disc disease with disc herniation. No current imaging studies were noted. His treatments were noted to include medication management under a narcotic contract, with toxicology screenings; and self-modifications at work. The progress notes of 6/9/2015 reported worsening back pain with severe cramps and radiating left leg pain for which he could not function without pain medication which would otherwise be severe, but which provided him with a 50% relief in pain and increase in functionality. Objective findings were noted to include spasms in the lumbar trunk with positive bilateral straight leg raise, sensory loss and pinprick in the left lateral calf and bottom of foot, and weakness in the left flexion/knee extension; and a notable limp. The physician's requests for treatments were noted to include Lorzone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorzone 750mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chlorzoxazone (Parafon Forte, Paraflex, Relax DS, Remular S): Muscle relaxants.

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

Decision rationale: The claimant sustained a work injury in June 2002 and continues to be treated for low back pain with radiating symptoms into the left leg. Medications have included muscle relaxants prescribed since at least the member 2014. Zanaflex, Flexeril, and Soma have been prescribed. Medications are referenced as decreasing pain from 10/10 to 4-8/10. When seen there was decreased lumbar spine range of motion with positive left straight leg raising. There was decreased left lower extremity strength and sensation and he was ambulating with a limp. Medications were prescribed including Lorzone 750 mg #30. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Drugs with the most limited published evidence in terms of clinical effectiveness include Lorzone (chlorzoxazone), methocarbamol, dantrolene and baclofen. In this case, there is no identified new injury or exacerbation and muscle relaxants have been prescribed on a long-term basis. Lorzone was not medically necessary.