

Case Number:	CM15-0145801		
Date Assigned:	08/06/2015	Date of Injury:	02/17/2007
Decision Date:	09/03/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/27/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 39-year-old male with an industrial injury dated 02-17-2007. His diagnoses/impression included status post posterior spinal fusion at lumbar 5-sacral 1 and depression, psychotic episodes, suicide attempt in the past, currently stable with psychotropic medications and psychotherapy sessions. Prior treatment included psychotherapy, epidural steroid injections, facet joint injections, lumbar sacral medial branch radio frequency ablation and medications. He presents on 05-28-2015 with complaints of ongoing stabbing pain in his back with pain shooting down his left leg with burning sensation. He rated his pain as 8 out of 10 at the time of the visit, at best 4 out of 10 with medications and 10 out of 10 without medication. He reports 50% reduction in his pain and 50% improvement with activities of daily living with the medications versus not taking them at all. Physical exam of the back revealed spasm. Right and left side leg raising both caused left sided back pain. There was sensory loss to light touch and pinprick in the lateral calf and bottom of his foot. He denied any suicidal ideations and affect appeared appropriate. His medications included Butrans patch, Norco, Omeprazole, Elavil, Neurontin, Lorzone, Colace, Senokot, Trazadone, Clonazepam, Effexor XR and Latuda. He continued to work 3-4 days per week. The treating physician documents the injured worker is under a narcotic contract with the office and urine drug screens have been appropriate. Treatment plan included renewal of medications, follow up with psychologist, pain clinic and no repetitive bending, stooping or heaving lifting more than 25 pounds. The treatment request is for Lorzone 750 mg, 1 tablet twice a day, #60, 15 days, DOS: 06-17-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorzone 750mg, 1 tablet twice a day, #60, 15 days, DOS: 06-17-15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-65.

Decision rationale: The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (Van Tulder, 2003) (Van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. 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. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore, the request is not medically necessary.