MAXIMUS Federal Services

Case Number:	CM15-0194669		
Date Assigned:	10/08/2015	Date of Injury:	10/01/2004
Decision Date:	11/16/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/02/2015

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
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 50 year old male injured worker suffered an industrial injury on 10-1-2004. The diagnoses included chronic pain syndrome, cervical post laminectomy with fusion, pain in joint involving shoulder and carpal tunnel syndrome. On 9-17-2015 the treating provider reported low back pain. The provider noted he failed Lyrica, gabapentin and Gralise. He stated the Ibuprofen helped the pain. He reported worsening spasms to the left shoulder-trapezius-left side of the neck and it had been 1 to 2 years since he had been on muscle relaxants. He was using a cane for mobility and wheeled walker. The pain had increased in the neck, low back and shoulders. The provider noted with the medications he was able to attend church, mild exercises, visits for socialization and able to walk about 1 half block. Without medication he remained in bed as it was too painful. The pain was rated 7 to 8 out of 10 in the low, mid and upper back and left leg pain. The left arm-shoulder had weakness and increased pain when moving. The provider notes indicated he had been using Naproxen and Skelaxin but they were denied so Ibuprofen and Lorzone was ordered. Lorzone and Ibuprofen had been in use in the past. On exam 4-28-2015 the left shoulder was very tender with range of motion very guarded and limited. There was no comprehensive physical exam in the noted form 8-30-2015 to 9-17-2015. The Utilization Review on 9-25-2015 determined non-certification for Lorzone 750 mg Qty 60 with 1 refill and Ibuprofen 800 mg Qty 90 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorzone 750 mg Qty 60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Guidelines do not recommend long-term use of this muscle relaxant for this chronic 2004 injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. The Lorzone 750 mg Qty 60 with 1 refill is not medically necessary and appropriate.

Ibuprofen 800 mg Qty 90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAID's functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk for heart attack and stroke in patients with or without heart disease, as well as potential for hip fractures even within the first weeks of treatment, increasing with longer use and higher doses of the NSAID. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic 2004 injury nor have they demonstrated any functional efficacy in terms of improved work status, specific increased in ADLs, decreased in pharmacological dosing, and decreased in medical utilization derived from treatment already rendered. The Ibuprofen 800 mg Qty 90 with 1 refill is not medically necessary and appropriate.