

Case Number:	CM15-0195367		
Date Assigned:	10/14/2015	Date of Injury:	08/08/2005
Decision Date:	11/25/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/05/2015

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:

This 55 year old woman sustained an industrial injury on 8-8-2005. Diagnoses include cervical spine strain with degenerative disc disease and myofascial pain (worsened), lumbar spine strain with degenerative disc disease and myofascial pain (worsened), bilateral shoulder strain and adhesive capsulitis (worsened), and chronic pain syndrome (worsened). Treatment has included oral medications. Physician notes dated 8-27-2015 show complaints of neck pain rated 10 out of 10. The physical examination shows neck and lumbar spine myospasm with 50% decreased and painful range of motion (without measurements), and tenderness to palpation.

Recommendations include cognitive behavioral therapy, stop Prilosec, Protonix, acupuncture, Lorzone, trial Tramadol, Trazadone, Naprosyn, and urine drug screen. Utilization Review denied a request for Lorzone on 9-9-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorzone 750mg 1 Tab QD PRN #20: Overturned

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: The current request is for Lorzone 750mg 1 Tab QD PRN #20. Treatment has included sacroiliac joint injection, trigger point injections, oral medications, and physical therapy. The patient is permanent and stationary. MTUS Guidelines, Muscle Relaxants for pain Section, 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." Per report 08/27/15, the patient presents with chronic neck and low back pain. The physical examination showed neck and lumbar spine myospasm with 50% decreased and painful range of motion and tenderness to palpation. Current medications include Prilosec, Trazodone and Naprosyn. The patient reported that medication decrease pain, improved sleep and activity tolerance. The treater recommended a refill of medications, and requested authorization for Lorzone 750 #20 for her muscle spasms. MTUS guidelines support medication in this class for 2-3 weeks in the acute phase. This patient presents with complaints of muscle spasms in the neck and lower back, and the treater requested a trial of Lorzone. The current request is for 20 tablets which is within guideline recommendation of 2-3 weeks. Therefore, the request IS medically necessary.