

<b>Case Number:</b>	CM15-0021255		
<b>Date Assigned:</b>	02/10/2015	<b>Date of Injury:</b>	02/08/2002
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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: New Jersey

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 69 year old male, who sustained an industrial injury on 02/08/2002. The diagnoses have included post lumbar laminectomy syndrome, chronic pain syndrome, lumbar spinal stenosis, and lumbar radiculopathy. Noted treatments to date have included physical therapy, acupuncture, and medications. Diagnostics to date have included lumbar/thoracic x-rays on 06/26/2014 showed mild degenerative disc disease and urine drug screen on 10/29/2014 was negative for Ultram, which is a prescribed medication. In a progress note dated 12/03/2014, the injured worker presented with complaints of low back pain. The treating physician reported requesting authorization for temporary trial of Lorzone. Utilization Review determination on 12/30/2014 non-certified the request for Lorzone 750mg 1 tablet QD (daily) PRN (as needed) Count #10 citing American College of Occupational and Environmental Medicine Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lorzone 750 mg, ten count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for Pain) Section.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

**Decision rationale:** The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, the provider requested the worker trial Lorzone (10 pills). However, there was insufficient evidence to support even this short course of this "as needed" muscle relaxant, as there was no history suggestive of an acute on chronic flare of the low back pain, and no muscle spasm documented on physical examination. Also, it was not documented as to what the intention was with this medication in the future, if it were to be considered as a chronic medication or only for this short course. Therefore, considering the above, the Lorzone will be considered medically unnecessary.