MAXIMUS Federal Services

Case Number:	CM15-0218409		
Date Assigned:	11/10/2015	Date of Injury:	06/26/1997
Decision Date:	12/28/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	11/05/2015

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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, 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 is a 57 year old female who sustained a work-related injury on 6-26-97. Medical record documentation on 10-16-15 revealed the injured worker was being treated for lower backache. She rated her pain with medications an 8 on a 10-point scale and without medications a 9 on a 10-point scale. Her medication regimen included Wellbutrin XL 1150 mg, Oxycodone Hcl 5 mg, Robaxin 500 mg, Ambien Cr 6.25 mg, Meclizine 25 mg, and Triamterene-HCTZ 37.5-25 mg. Objective findings included an antalgic gait assisted by a cane. Her lumbar spine range of motion was limited with extension to 10 degrees and she had normal flexion. Lumbar facet loading was positive bilaterally and she had a negative straight leg raise. She had tenderness to palpation over the sacroiliac spine. Her light touch sensation was patchy in distribution. The evaluating physician noted the injured worker continued to have painful muscle spasms in the back. With her medications she was able to perform household tasks for 30 to 45 minutes and without her medications she was able to perform household tasks for 15 minutes. A request for Lorzone Tab 750 mg was received on 10-19-15. On 10-23-15, the Utilization Review physician determined Lorzone Tab 750 mg #30 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorzone tab 750 mg, daily, Qty 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Lorzone (chlorzoxazone).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Lorzone (chlorzoxazone).

Decision rationale: With regard to muscle relaxants, the MTUS CPMTG 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." Regarding chlorzoxazone: "this drug works primarily in the spinal cord and the subcortical areas of the brain. The mechanism of action is unknown but the effect is thought to be due to general depression of the central nervous system. Advantages over other muscle relaxants include reduced sedation and less evidence for abuse. (See, 2008)Side Effects: Drowsiness and dizziness. Urine discoloration may occur. Avoid use in patients with hepatic impairment."Per the ODG guidelines: Not recommended. According to the manufacturer, the brand Lorzone is an available form of Chlorzoxazone. (Vertical, 2014) According to the FDA Orange Book, Lorzone is not listed as an approved product. Per the medical records submitted for review, it was noted that the injured worker was treated with Robaxin, another muscle relaxant, since at least 5/2015. The injured worker is not being treated for an acute exacerbation of chronic back pain, and the request is duplicative with Robaxin, as such, the requested treatment is not medically necessary.