

<b>Case Number:</b>	CM15-0082327		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	03/10/2007
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	04/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

### 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 41 year old male, who sustained an industrial injury on 3/10/07. He reported onset of severe back pain. The injured worker was diagnosed as having status post partial laminectomy, bilateral leg weakness and bilateral knee pain, left shoulder tendinopathy, type 2 diabetes, gastroesophageal reflux disease, reactive depression and neuropathic pain in lower extremities. Treatment to date has included cane for ambulation, back brace, activity restrictions, partial laminectomy and oral medications. Currently, the injured worker complains of severe back pain and muscle spasms, he rates his pain 4/10 with medications and 10/10 without medications. Physical exam noted limited range of motion with palpable spasm in lumbar trunk with some sensory loss and ambulation with a limp and left shoulder exam noted tenderness over the subacromions with crepitus on circumduction and positive impingement sign. The treatment plan included a prescription for Lorzone, Heater Baul foot and ankle heat pad, laboratory studies, Glucerna shakes and refilling of Oxycodone, Nexium, Ibuprofen, Zoloft, Lyrica, Flexeril, Invokana, Metformin and Therma Care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lorzone 750mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Antispasmodics Page(s): 60-61, 64-66.

**Decision rationale:** Lorzone (Chlorzoxazone) is a muscle relaxant. MTUS Chronic Pain Medical Treatment states for muscle relaxant, "Recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief." The medical documents indicate that patient is far in excess of the initial treatment window and period. MTUS outlines that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) Uptodate "Flexeril" also recommends "Do not use longer than 2-3 weeks." Medical documents do not fully detail the components outlined in the guidelines above and do not establish the need for long term/chronic usage of Lorzone. As such, the request for Lorzone 750mg #30 is not medically necessary.

### **1 Heater Baul Foot and Ankle Heat Pad: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle, Heat Therapy (ice/Heat).

**Decision rationale:** ODG states "Under study. Ice works better than heat to speed recovery of acute ankle sprains. (Thompson, 2003) Range-of-motion improvement may be greater after heat and stretching than after stretching alone." (Peres, 2002) The treating physician does not detail an acute injury or re-injury. Additionally, this patient appears to have uncontrolled diabetes, which is a contraindication to heat therapy. As such, the request for 1 Heater Baul Foot And Ankle Heat Pad is not medically necessary.