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| <b>Case Number:</b>   | CM15-0089170 |                              |            |
| <b>Date Assigned:</b> | 05/13/2015   | <b>Date of Injury:</b>       | 08/21/2012 |
| <b>Decision Date:</b> | 06/17/2015   | <b>UR Denial Date:</b>       | 04/21/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/08/2015 |

### 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: Preventive Medicine, Occupational 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 56-year-old male, who sustained an industrial injury on 8/21/12. He reported a mid/lower back injury while pushing heavy furniture. The injured worker was diagnosed as having lumbago, lumbar disc displacement without myelopathy and muscle spasm. Treatment to date has included physical therapy, home exercise program, oral medications, activity restrictions and chiropractic treatments. Currently, the injured worker complains of ongoing low back pain with spasms, he rates the pain 7/10 without medications and 1-2/10 with medications. He states he does not feel comfortable lifting more than 10 pounds. He is currently working with restrictions. Physical exam noted painful neck movements with restricted range of motion and tenderness and tight muscle bands are noted of bilateral lumbar paravertebral muscles. A request for authorization was submitted for a trial of Lorzone 375mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lorzone 375mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 12 Low Back Complaints Page(s): Chp 3 pg 47, 49; Chp 12 pg 299, 308, Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 63-6.

**Decision rationale:** Chlorzoxazone (Lorzone) is classified as a sedating skeletal muscle relaxant. It is recommended to be used every 12 hrs. This class of medications can be helpful in reducing pain and muscle tension thus increasing patient mobility. Muscle relaxants as a group, however, are recommended for short-term use only as their efficacy appears to diminish over time. Muscle relaxants are considered no more effective at pain control than non-steroidal anti-inflammatory medication (NSAIDs) and there is no study that shows combination therapy of NSAIDs with muscle relaxants has a demonstrable benefit. This patient has been on daily muscle relaxant therapy for over 2 months. These medications have not been used on an "as needed" basis. Since this agent is not indicated for chronic use, medical necessity for use of this medication has not been established.