

Case Number:	CM15-0233400		
Date Assigned:	12/09/2015	Date of Injury:	11/01/2001
Decision Date:	01/20/2016	UR Denial Date:	11/06/2015
Priority:	Standard	Application Received:	11/30/2015

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: Texas, Illinois

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 70 year old male, who sustained an industrial injury on 11-1-2001. According to physician documentation, the injured worker was diagnosed with cervical and lumbar post laminectomy syndrome, back spasm, and chronic pain. Subjective findings dated 10-22-2015, were notable for chronic neck and low back pain. Describing pain as constant, aching, sharp and shooting in the neck and right shoulder and low back region radiating to the left lower extremity, rating pain 5 out of 10. Symptoms have remained unchanged, but have been stable and moderately controlled with his current medication regimen enabling him to be more functional and perform activities of daily living. Objective findings dated 10-22-2015 were notable for moderate decreased cervical range of motion, tense cervical paraspinal musculature noted, and mild intervertebral facet joint tenderness noted in the cervical spine from C4-C7 (cervical), decreased lumbar range of motion, with the sacroiliac joints having bilateral tenderness, bilateral greater trochanter tenderness, and moderate on the left and mild on the right. Patrick and Gaenslen signs appear to be positive bilaterally. Treatments to date have included steroid joint injections, carpal tunnel release, lumbar fusion, physical and acupuncture therapies, Norco 10mg, and Lyrica 75mg. The Utilization Review determination dated 11-6-2015 did not certify treatment/service requested for Chlorzoxazone 500mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chlorzoxazone 500 mg #60: 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 injured worker sustained a work related injury on to 11-1-2001. The medical records provided indicate the diagnosis of cervical and lumbar post laminectomy syndrome, back spasm, and chronic pain. Treatments have included steroid joint injections, carpal tunnel release, lumbar fusion, physical and acupuncture therapies, Norco 10mg, and Lyrica 75mg. The MTUS recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Chlorzoxazone is a muscle relaxant with a dosing: 250-750 mg three times a day to four times a day. The Medical records reveal he has a history of Asthma, he is hypertensive and his current treatments include the use of Aspirin. He was previously treated with Tylenol. The medical records reveal that he has several co-morbiditis like history of hypertension, and Asthma. Also, he is at moderate to high risk of gastrointestinal event based on age and use of Aspirin. Therefore, while Muscle relaxants are not more effective than NSAIDs, the requested treatment with Chlorzoxazone 500 mg #60 is medically necessary and appropriate, especially so as the treatment is only for a few days, and this medication is one of the muscle relaxants with the list sedative and abuse potentials.