MAXIMUS Federal Services

Case Number:	CM14-0140114		
Date Assigned:	09/08/2014	Date of Injury:	08/10/1998
Decision Date:	11/14/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/29/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Arizona. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 51-year-old male with a date of injury of 8/10/1998. The injured worker complains of mid back and low back pain. With medication, he is 6-7/10 and without medication he has 10/10. With his current medication regiment, the injured worker is independent in self-care and is able to complete household chores. He is also able to work as a bus driver but still has pain while doing. The injured worker's medication included Cymbalta, Norco, Allopurinol, Indomethacin, Amlodipine, and Zanaflex. He has been taking these medications for an extended period of time. The Zanaflex was recently exchanged for Lorzone, which the injured worker states is more effective and less sedating. A request is made to continue Lorzone 750 mg twice a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorzone 750mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-67.

Decision rationale: The chronic pain guidelines state that "non-sedating muscle relaxants are to be used with caution as a second line option for short-term treatment of chronic exacerbations in patients with chronic back pain." Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. Lorzone has been prescribed for this injured worker because it is less sedating than the previously prescribed Zanaflex. While it is being used on an ongoing basis and not just for short-term treatment of chronic exacerbations of pain, muscle relaxants plus the other medications in his treatment regimen have allowed him to continue working. Since his medication regimen allows him to work on a full-time basis, the medical necessity for continuing the use of Lorzone has been established. The request for Lorzone 750mg #60 is medically necessary.