

Case Number:	CM14-0141499		
Date Assigned:	09/10/2014	Date of Injury:	09/27/2001
Decision Date:	10/30/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/02/2014

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 and is licensed to practice in California, North Carolina, Colorado and Kentucky. 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:

The injured worker is a 55 year old female who had a work-related injury on 09/27/01. The mechanism of injury is described as a motor vehicle accident injuring her low back, neck and left thigh. Most recent medical record submitted for review is dated 04/30/14. She returns for follow-up and reevaluation. She notes an increase in muscle spasm to bilateral legs, left greater than right. Standing and walking continues to aggravate her pain. Her current medications are working well. The trial of Zanaflex helps with both spasm and her sleep. Sleep quality is better at about 5 hours per night. Her injection is authorized and she finally got her medications as well. She is using MS Contin 30mg and lasts about 8 hours. MRI of lumbar spine dated 10/03/12 posterior decompression at L5 with lumbar interbody fusion at L4-5 and L5-S1. Postsurgical changes are demonstrated within the dorsal lumbar soft tissue. Grade 1 retrolisthesis of L2 on 3, a 2.9mm circumferential disc bulge which mildly impresses on the thecal sac. There is bilateral facet arthrosis at L3-4 and a 3.1mm circumferential disc bulge, which mildly impresses on the thecal sac bilateral facet arthrosis. Current medications are Ambien, Lorzone, Merapex, and Tizanidine. Physical examination revealed continuation of low back pain that is radiating to her legs, as noted above left greater than right. She is sitting in a chair appearing otherwise today. She has low back pain radiating to the lower extremities. She is also complaining of neck pain with arm pain to the left. There are no new neurological deficits accepted as noted above. Diagnoses include chronic low back pain and left leg pain, status post L4-5 and L5-S1 fusion, failing L2-3 and L3-4 levels, myofascial pain/spasm, poor sleep hygiene due to pain. There is a history of C-spine fusion which is stable. Prior utilization review on 08/15/14 was non-certified. Current request is for Lorzone 750mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorzone 750mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

Decision rationale: As noted on page 63 of the Chronic Pain Medical Treatment Guidelines, muscle relaxants are recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the patient has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. Prior utilization review on 08/15/14 was not recommended. As such, Lorzone 750mg #60 is not medically necessary.