

Case Number:	CM14-0142807		
Date Assigned:	09/10/2014	Date of Injury:	08/21/2001
Decision Date:	10/10/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	09/03/2014

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 Occupational Medicine and is licensed to practice in California. 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:

Patient is a 42 year-old male with date of injury 08/21/2001. The most recent medical document associated with the request for authorization, a primary treating physician's progress report, dated 07/08/2014, lists subjective complaints as pain in the low back and legs. Objective findings: On exam, patient continued to have ongoing pain that radiates to his legs. No new changes noted since last visit. No new neurological deficits. Patient ambulated with a cane. Diagnoses: 1. Postlaminectomy syndrome, lumbar region; 2. Spasm of muscle; 3. Thoracic/lumbar radiculitis; 4. Degenerative lumbosacral intervertebral disc; 5. Lumbago 6. Unspecified myalgia and myositis. Patient is status post SCS (spinal cord stimulator) implant on 01/25/2011, a hardware block at L5-S1 in January 2012, and artificial disc replacement L5-S1 on 03/04/2013. The medical records supplied for review document that the patient has been taking the following medications (Except Lorzone) for at least as far back as four months. The patient had not been prescribed Lorzone before the request for authorization on 07/08/2014. Medications: 1. Subsys (fentanyl) 800mcg, #60 SIG (labeled): place one vial SL (sublingual) twice a day 2. Oxycodone HCL 20mg, #120 SIG: 1 tab by mouth 4 times daily 3. Oxycontin 80mg, #180 SIG: 2 tabs every 8 hours 4. Carisoprodol (Soma) 350mg, #60 SIG: 1 tab twice a day 5. Lorzone 750mg, #60 SIG: b.i.d. prn

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorzone 750mg, #60/30/0: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines regarding Lorzone (Chlorzoxazone).

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

Decision rationale: The MTUS states that muscle relaxants are recommended with caution only on a short-term basis. The patient has been taking chlorzoxazone (Lorzone), in addition to soma, for an extended period of time.

Carisoprodol 350mg, #60/30/0: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines regarding Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

Decision rationale: The MTUS states that carisoprodol is not recommended and is not indicated for long-term use. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. There was a 300% increase in numbers of emergency room episodes related to carisoprodol from 1994 to 2005. There is little research in terms of weaning of high dose carisoprodol and there is no standard treatment regimen for patients with known dependence.