

Case Number:	CM14-0161447		
Date Assigned:	10/06/2014	Date of Injury:	12/14/2007
Decision Date:	11/07/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/01/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 49-year-old male who reported an injury on 12/14/2007 due to an unspecified mechanism of injury. The injured worker complained of lower back pain that radiated down into his legs that was achy, sharp, stabbing, burning, pain across the lower back into the legs. The injured worker had a nonspecific low chronic back pain and mood adjustment disorder secondary to chronic pain. The diagnostics included an MRI of the lumbar spine, dated 10/09/2014, that revealed a L2-3 transpedicular screws with a lateral stabilization. There was also postoperative changes to the disc space. Granulation tissue within the left lateral recess. No evidence of reoccurring disc protrusion. The postoperative changes were new when compared to the MRI dated 01/14/2013; postoperative changes are unchanged when compared to the CT scan dated 09/16/2014. Past treatments included home health, physical therapy, and medication. The physical assessment, dated 09/03/2014, of the lumbar spine revealed palpated trigger points to the medius region and lumbar quadratus region bilaterally. Pain limited in all planes. The sensory examination to the lower extremities was intact to light touch at the L2-S1 dermatome distribution. The deep tendon reflexes were symmetric and physiologic at 2/4 at the medial hamstring, patella, and ankle bilaterally. The motor strength with manual muscle strength testing revealed knee extension and flexion 4/5 on the right and +4/5 on the left, ankle dorsiflexion was 4/5 on the right and +4/5 on the left. The gait pattern was hyperpronated during the midstance of the gait cycle. And a positive SI joint compression test. The medications included Lorzone 750 mg, ConZip, and gabapentin 300 mg. The injured worker rated his pain at 50% to the back, 50% to the leg, no VAS provided. The treatment plan included Lorzone and a functional capacity evaluation. The Request for Authorization, dated 09/22/2014, was submitted with documentation.

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 Muscle Relaxants (for Pain).

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

Decision rationale: The request for Lorzone 750mg #60 is not medically necessary. The California MTUS recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen. According to a recent review in American Family Physician, skeletal muscle relaxants are the most widely prescribed drug class for musculoskeletal conditions and the most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. The physical assessment and MRI do not correlate with the need for the Lorzone. The guidelines do not recommend skeletal muscle relaxants being the primary drug class of choice for muscle skeletal conditions. The request did not indicate a frequency. As such, the request is not medically necessary.

Functional Capacity Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition, Independent Medical Examination and Consultations Chapter, Page 137-138, (Functional Capacity Evaluation) and ODG Fitness for Duty Chapter, Functional Capacity Evaluation (FCE) Chapter Guidelines for performing FCE

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program Page(s): 32.

Decision rationale: The request for a Functional Capacity Evaluation is not medically necessary. The California MTUS Guidelines recommend a functional restoration program when the patient has had an adequate and thorough evaluation including baseline functional testing so

follow-up with the same test can note functional improvement; that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; the patient has significant loss of ability to function independently resulting from the chronic pain; the patient is not a candidate where surgery or other treatments would clearly be warranted and treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. No documentation was provided that indicated that the injured worker had failed conservative care. The clinical notes were not evident that the injured worker had failed physical therapy. The documentation did not provide the baseline functional testing. As such, the request is not medically necessary.