

Case Number:	CM14-0165999		
Date Assigned:	10/13/2014	Date of Injury:	02/15/2012
Decision Date:	11/13/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/08/2014

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 Anesthesiology 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:

This patient is a 51-year-old male with a date of injury of 02/15/2012. The patients' diagnoses include cervical spondylosis with myelopathy, lumbosacral spondylosis, degenerative cervical and lumbar intervertebral discs, cervicgia, lumbago, thoracic/lumbosacral radiculitis, chronic low back pain, chronic neck pain, shoulder pain, myalgia and myositis. The average pain level is reported as a 4 to 5 out of 10. The patient is reportedly taking Nucynta ER, Aspirin, Celebrex, HCTZ, lisinopril and metformin. On 04/24/2014 the patient reports Nucynta ER is not helping much for pain. On 08/26/2014 the patient reports his average pain as a 6 to 7 on a scale of 1 to 10. There is a prescription for Lorzone 750 mg dating back to 04/24/2014. On 05/22/2014 the patient reports Lorzone and Nucynta are controlling his pain without side effects. Pain is reported as a 5 on a scale of 1 to 10 and the patient also reports a poor sleep quality due to pain. In a note dated 08/26/2014 the patient reports 80-90% pain relief for two weeks after undergoing an L 3, 4, 5 radio-frequency ablation procedures. The reported pain level is a 6 to 7 on a scale of 1 to 10. In a note dated 09/25/2014 the patient reports an increase in low back pain with a reported pain level of 8 on a scale of 1 to 10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorzone 750mg, 1 BID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, 49, 181, 212, 299, 308, Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Chlorzoxazone Page(s): 63, 65. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Muscle relaxants (for pain), Chlorzoxazone

Decision rationale: Lorzone is also known as Chlorzoxazone and is a muscle relaxant. This is a review of the requested BID or twice daily prescription dose of Lorzone 750mg. According to MTUS Guidelines muscle relaxants are prescribed for pain but are recommended as a second-line option for short-term treatment of acute exacerbations in patients with low back pain. In this case there is documented evidence of a prescription for Lorzone dating back to 04/2014. There is no documented evidence of acute exacerbation of low back pain in this patient. According to the ODG the recommended short-term treatment duration is two weeks. In addition, there is limited data to support the clinical efficacy of Lorzone. There is generally no benefit in pain reduction or overall improvement and diminishing efficacy over time in low back pain. Therefore, the above listed issue is considered to be not medically necessary.

Trial of PC 5001 cream 150gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Topical analgesics, compounded Pain (chronic)

Decision rationale: This is a review for the requested PC 5001 cream 150gm. There is no documented evidence which defines the specific pharmaceutical and/or analgesic agent contained in PC 5001 cream. According to the ODG the use of compounded creams and topical agents requires knowledge of the analgesic effect and how it will be utilized to meet the therapeutic goal. According to MTUS Guidelines topical analgesics are largely experimental with little to no research to support the use of these agents. Also, any product that contains at least one drug that is not recommended by MTUS Guidelines is not recommended. There is no documentation disclosing the content of PC 5001 topical cream. Therefore, the above listed issue is considered to be not medically necessary.