

Case Number:	CM15-0125082		
Date Assigned:	07/09/2015	Date of Injury:	09/17/2001
Decision Date:	08/11/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/29/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Family Practice

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 45-year-old female, who sustained an industrial injury on 9/17/2001. She reported an automobile accident with injury to the neck. Diagnoses include shoulder pain, cervical pain, cervical radiculopathy, muscle spasm, cervical facet syndrome and mood disorder; status post cervical surgery 3/2/15. Treatments to date include medication therapy, physical therapy, medial branch blocks to cervical spine and cervical epidural steroid injections. Currently, she complained of ongoing neck pain with radiation down bilateral upper extremities. Pain was rated 9/10 VAS without medication and 2/10 VAS with medication. She is noted to continue to work. On 6/3/15, the physical examination documented cervical tenderness with decreased range of motion, muscle spasm and a positive right side cervical facet loading test. The provider documented she underwent shoulder surgery in March 2015 and continued with significant post procedure pain. The plan of care included Lorzone 750mg tablets, one tablet three times a day as needed #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorzone 750mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chlorzoxazone. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Chlorzoxazone.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: The MTUS guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The guidelines note that efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. As noted in the MTUS guidelines, drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone. As noted in the MTUS guidelines, "American Family Physician, skeletal muscle relaxants are the most widely prescribed drug class for musculoskeletal conditions (18.5% of prescriptions), 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. (See 2, 2008)". The long-term use of muscle relaxants is not supported by the MTUS guidelines and therefore the request for Lorzone 750mg #90 is not medically necessary and appropriate.