

<b>Case Number:</b>	CM15-0170589		
<b>Date Assigned:</b>	09/11/2015	<b>Date of Injury:</b>	04/05/2004
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	08/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/31/2015

### 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: Arizona, 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 male, who sustained an industrial injury on April 5, 2004. He reported low back pain and right buttock pain. The injured worker was diagnosed as having thoracic and lumbosacral neuritis and radiculitis, lumbago, muscle spasm and degenerative intervertebral discs of the lumbosacral region. Treatment to date has included diagnostic studies, radiographic imaging, radiofrequency ablation on May 14, 2015, conservative therapy and medications. Currently, the injured worker continues to report chronic low back pain, spondylosis and facetogenic pain symptoms, myofascial pain and spasms and poor sleep secondary to pain. The injured worker reported an industrial injury in 2004, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on June 4, 2015, revealed continued pain as noted. He rated his pain at 6, his mood at 6 and his functional level at 6 on a 1-10 scale with 10 being the worst. He reported the Percocet and Opana worked better than the Dilaudid and Exalgo however they were not covered. It was noted the injured worker wanted to continue the Lorzone but didn't want any issues with the Nucynta or Duexis. Evaluation on July 28, 2015, revealed continued pain as noted. He rated the pain at 6 on a 1-10 scale with 10 being the worst. He rated his functional level since the last visit at 6 on a 1-10 scale and rated his mood since the last visit at 6 on a 1-10 scale with 10 being the worst. It was noted he was recently on vacation and continued to work as tolerated. He reported about 5 hours of sleep per night. He reported the medications were working well enough for him to continue working. Medications including a sample of Lorzone were continued. It was noted Nucynta, Duexis, Opana ER, Percocet and Norco were tried and failed. The RFA included a

request for Lorzone 750mg #60 and was non-certified on the utilization review (UR) on August 10, 2015.

### **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 Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** According to the MTUS guidelines, muscle relaxants are to be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain 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. Short term use - typically under a week is recommended. In this case, the claimant was on Baclofen as well as topical and oral NSAIDS. The addition of Lorzone- another muscle relaxant- is excessive. In addition, the claimant was on Lorzone for over a month. Chronic use is not indicated and not medically necessary.