

Case Number:	CM15-0179492		
Date Assigned:	09/21/2015	Date of Injury:	07/16/2013
Decision Date:	10/29/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/11/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 30 year old female, who sustained an industrial injury on July 16, 2013, resulting in pain or injury to the mid back, lower back, right hip, and right leg. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar facet syndrome, low back pain, and sprain-strain of the lumbar region. On August 7, 2015, the injured worker reported pain in the mid back, lower back, and right hip with lower back pain radiating down to her right lower extremity, with the pain associated with numbness and tingling in the bilateral legs as well as right leg weakness. The single Treating Physician's report submitted for review dated August 7, 2015, noted the injured worker rated her pain as 4 at its best and 9 at its worst on a scale of 0 to 10 where 0 is no pain and 10 is the worst pain. The injured worker reported her pain unchanged since the injury, avoiding physically exercising, performing household chores, and caring for herself because of her pain. The injured worker's current medications were listed as Ibuprofen and Norco. The physical examination was noted to show the injured worker ambulating with an antalgic gait, with examination of the lumbar spine revealing tenderness to palpation over the paraspinal muscles with lumbar facet loading test positive with pain and pain with lumbar extension. Passive internal and external rotation was noted to cause pain in the right hip. Prior treatments have included six sessions of physical therapy which provided her with mild pain relief, lumbar epidural steroid injection (ESI) which provided her with no significant pain relief, and medication. The treatment plan was noted to include diagnostic differential bilateral L4-L5 and L5-S1 medial branch blocks, with medications prescribed including Ibuprofen, Lorzone, and Norco. The injured worker's work status was noted

to be permanent and Stationary, currently not working. The request for authorization dated August 7, 2015, requested Ibuprofen 600mg Qty: 90 Refills 1 and Lorzone 750mg Qty: 90 Refill 1. The Utilization Review (UR) dated August 12, 2015, certified the request for Ibuprofen 600mg Qty: 90 Refills 1 and non-certified the request for Lorzone 750mg Qty: 90 Refill 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorzone 750mg Qty: 90 Refill 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: With regard to muscle relaxants, the MTUS CPMTG states: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) 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." The patient is not being treated for an acute exacerbation of chronic back pain, so the requested treatment is not medically necessary. Furthermore, the requested 2 month supply is not appropriate, as muscle relaxants are only recommended for short-term use.