

<b>Case Number:</b>	CM15-0068486		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	01/16/2013
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	03/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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: Physical Medicine & Rehabilitation

### 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 35-year-old male, who sustained an industrial injury on January 16, 2013. Treatment to date has included MRI of the lumbar spine, physical therapy, medications and lumbar laminectomy. Currently, the injured worker complains of low back pain, severe cramps in the left leg, occasional pain radiating down the back, down the left leg and with some weakness. Diagnoses associated with his request included status post lumbar laminectomy. His treatment plan includes Norco, Lorzone, and work modifications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lorzone 750mg QTY: 90.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** The patient presents on 02/27/15 with unrated lower back pain, which radiates into the left lower extremity, and associated cramping in the left leg. The patient's date

of injury is 01/16/13. Patient is status post lumbar laminectomy at L4/L5 levels at a date unspecified. The request is for Lorzone 750MG QTY: 90.00. The RFA is dated 03/03/15. Physical examination dated 02/27/15 reveals muscle rigidity in the lumbar trunk suggestive of spasm, well-healed surgical scar at L4/L5 levels, and positive straight leg raise bilaterally at 80 degrees. Neurological examination reveals decreases sensation to light touch and pinprick in the left lateral calf and bottom of the left foot. The provider also notes signs of disuse atrophy in the left thigh compared with the right. The patient is currently prescribed Norco and Lorzone. Diagnostic imaging included lumbar MRI dated 03/18/13, significant findings include "extruded disc to the left at L5-S1 where there is also disc spacing. This causes displacement of the S1 nerve root as well as filling most of the opening of the left neural foramina with moderate narrowing abutting the nerve root as it exits." Per 02/27/15 progress note, patient is advised to return to work with modifications. Regarding muscle relaxants for pain, MTUS Guidelines page 63 states, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen." In regard to what appears to be the initiating prescription of Lorzone for this patient's lower extremity cramps, the requesting provider has exceeded guideline recommendations. MTUS guidelines do not support long-term use of muscle relaxants such as this for pain, and generally only support use for 2-3 weeks in the acute phase. The request for 90 tablets does not imply the intent to utilize this medication short-term and cannot be substantiated. The request is not medically necessary.