

Case Number:	CM15-0074223		
Date Assigned:	04/24/2015	Date of Injury:	05/29/2014
Decision Date:	05/21/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/18/2015

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: Preventive Medicine, Occupational Medicine

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 41 year old female patient who sustained an industrial injury on 05/29/2014. Diagnostic testing included radiography study, magnetic resonance imaging. Treatment modality included, physical therapy, oral analgesia. A primary treating office visit dated 08/22/2014 reported the patient being treated under the diagnoses strain/sprain unspecified shoulder; strain/sprain lumbosacral, and contusion of hip. The patient is to return to full duty work. She reported chief complaints of right shoulder, right hip and lower back pains. She is not taking medications. She was prescribed this visit: Ibuprofen 600mg. A more recent primary treating office visit dated 02/23/2015 reported subjective complaints of constant , moderate pain in the neck, right shoulder, low back, and arm,. She rated her pain a 5 out of 10 in intensity. The low back pain radiates to her right leg. She reports currently taking Lorzone 750mg and Ibuprofen 600mg which is stated being 50% effective. The following diagnoses are applied: chronic lumbosacral strain; cervical strain, and shoulder strain/sprain. The plan of care involved continuing to utilize the transcutaneous nerve stimulator unit, refilled medications and return for follow up on 04/20/2015.

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

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

Decision rationale: The MTUS Guidelines recommend the use of non-sedating muscle relaxants 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 LBP 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. Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. Drugs with the most limited published evidence in terms of clinical effectiveness include Lorzone (chlorzoxazone), methocarbamol, dantrolene and baclofen. The injured worker complains of chronic neck, shoulder, and low back pain since 5/29/14. Pain continues to be rated at 5/10 and constant in nature at her most recent evaluation despite treatment with ibuprofen and Lorzone since August, 2014. The request for Lorzone 750 mg #60 is determined to not be medically necessary.