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| Case Number: | CM15-0077269 | | |
| Date Assigned: | 04/28/2015 | Date of Injury: | 12/24/2009 |
| Decision Date: | 06/02/2015 | UR Denial Date: | 04/03/2015 |
| Priority: | Standard | Application Received: | 04/22/2015 |

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: Internal 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 52 year old male, who sustained an industrial injury on 12/24/09. He reported pain in his lower back and bilateral lower extremities related to lifting a heavy object. The injured worker was diagnosed as having post lumbar laminectomy syndrome, spinal stenosis and lumbar degenerative disc disease. Treatment to date has included physical therapy, acupuncture and pain medications. As of the PR2 dated 3/26/15, the injured worker reports 7-8/10 low back pain with numbness to the right posterior calf and feet. He stated that the pain was aggravated by daily activities. The treating physician noted a successful trial of a spinal cord stimulator and failure of conservative treatments. The treating physician requested to continue Norco 10/325mg #180 and a trial of Lorzone 750mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180 prescribed 03/26/15: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 12 Low Back Complaints Page(s): 47-48, 308-310, Chronic Pain Treatment Guidelines Opioids Page 74-96.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. Immediate discontinuation has been suggested for evidence of illegal activity including diversion. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug- taking behaviors). Frequent evaluation of clinical history and frequent review of medications are recommended. Periodic review of the ongoing chronic pain treatment plan for the injured worker is essential. Patients with pain who are managed with controlled substances should be seen regularly. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. ACOEM guidelines indicate that the long-term use of opioids is not recommended for low back conditions. Medical records document the long-term use of opioids. Per MTUS, the lowest possible dose of opioid should be prescribed. The patient was injury on December 24, 2009. The patient had two back surgeries in 2012. He was hospitalized in July 2012 for overdosing on opiates and sleeping pills. A urine drug test from February 27, 2014 was positive for Amphetamines and Methamphetamines. The office visit report dated 3/26/15 documented that the neck examination was normal. Musculoskeletal examination was normal. Visual overview of all four extremities was normal. No sensory or motor neurologic deficits were documented. No tenderness or pain was documented on physical examination. No lumbar spine abnormalities were noted on physical examination. The 3/26/15 office visit report documented that in the past, the patient has failed Norco. No lumbar spine abnormalities were noted on physical examination on the 3/26/15 office visit report. No tenderness or pain was documented on physical examination. Without objective physical examination findings, the request for Norco is not supported. The 3/26/15 office visit report documented that in the past, the patient has failed Norco. The request for Norco 10/325 mg #180 is not supported by MTUS guidelines. Therefore, the request for Norco 10/325 mg #180 is not medically necessary.

Lorzone 750mg #60 prescribed 03/26/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Muscle relaxants Pages 63-65. Chlorzoxazone Page 65. Decision based on Non-MTUS Citation FDA Prescribing Information Lorzone <http://www.drugs.com/pro/lorzone-tablets.html>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses muscle relaxants. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAIDs has no demonstrated benefit. Muscle relaxants may hinder return to function by reducing the patient's motivation or ability to increase activity. Table 3-1 states that muscle relaxants are not recommended. Chronic Pain Medical Treatment Guidelines addresses muscle relaxants. Muscle relaxants should be used with caution as a second-line option for short-term treatment. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to a review in American Family Physician, muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Muscle relaxant drugs with the most limited published evidence in terms of clinical effectiveness include Chlorzoxazone. FDA guidelines state that Lorzone (Chlorzoxazone) is indicated for acute musculoskeletal conditions. The mode of action of this drug has not been clearly identified. Chlorzoxazone does not directly relax tense skeletal muscles in man. The office visit report dated 3/26/15 documented that the neck examination was normal. Musculoskeletal examination was normal. Visual overview of all four extremities was normal. No sensory or motor neurologic deficits were documented. No tenderness or pain was documented on physical examination. No lumbar spine abnormalities were noted on physical examination. Medical records document that the patient's occupational injuries are chronic. Medical records indicate the long-term use of muscle relaxants, which is not supported by MTUS guidelines. Therefore, the request for Lorzone (Chlorzoxazone) is not supported by MTUS guidelines. Therefore, the request for Lorzone (Chlorzoxazone) is not medically necessary.