

Case Number:	CM15-0092730		
Date Assigned:	05/19/2015	Date of Injury:	08/07/2008
Decision Date:	06/24/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/13/2015

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, Pain Management, 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 44-year-old male injured worker suffered an industrial injury on 08/07/2008. The diagnoses included left shoulder girdle pain, closed head injury, lower back pain with lumbar disc herniations, cognitive dysfunctions with memory impairment, cervical laminar fracture, depression and post-traumatic stress disorder. The diagnostics included left shoulder arthrogram and magnetic resonance imaging. The injured worker had been treated with medications. On 3/26/2015, the treating provider reported back pain shooting down his right leg and ongoing left elbow and neck pain. The pain was rated 4/10 with medications and 10/10 without medications. He stated at times he is unable to sleep because of the severity of cramps in the back and legs. On exam the left shoulder had positive signs of impingement syndrome with crepitus. The left elbow had reduced range of motion with exquisite tenderness. The lower back had reduced range of motion with positive straight leg raise. The treatment plan included Lorzone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorzone 750mg #30: Upheld

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

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

Decision rationale: MTUS 2009 states that muscle relaxants can be used for short-term exacerbations of chronic low back pain. This patient is diagnosed with a closed head injury with associated cognitive issues as well as reactive depression. He has been provided muscle relaxants on a sustained basis without any carryover benefit. Chlorzoxazone is another centrally acting muscle relaxant without established efficacy in chronic pain as it is indicated for acute lower back pain. There is no physical exam documenting any acute severe muscle contractions even though the patient complains of ongoing pain in multiple body parts. This request for Lorzone does not adhere to MTUS 2009 and is not medically necessary based upon the clinical information presented.