

<b>Case Number:</b>	CM15-0093486		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	02/21/2004
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	05/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 54 year old female, who sustained an industrial injury on February 21, 2004. Treatment to date has included medication and home exercise. Currently, the injured worker complains of neck, left shoulder and back pain. She rates her pain a 7 on a 10-point scale and describes the pain as constant, burning and throbbing. The pain is worth with activity. She reports numbness, headaches, joint pain and muscle stiffness. When using Vicodin the injured worker is able to perform home exercise and the pain is decreased from a rating of 9 on a 10-point scale to a 5 on a 10-point scale. On physical examination, she has myospasm of the bilateral superior trapezius with tenderness to palpation. Her range of motion is decreased. The Diagnoses associated with the request include myofascial pain, cervical brachial syndrome, chronic pain syndrome and shoulder pain. The treatment plan includes Lorzone for muscle spasm, acupuncture and myofascial release of the neck and Vicodin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicodin 5/300mg quantity 40:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

**Decision rationale:** The claimant sustained a work injury in February 2004 and continued to be treated for neck, low back, and left shoulder pain. Medications are referenced as decreasing pain from 9/10 to 5/10 and allowing her performance of a home exercise program. When seen, there was left shoulder tenderness and bilateral trapezius muscle spasms. Medications have included Skelaxin which had been prescribed on a long-term basis. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Vicodin (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing pain control and facilitating a home exercise program. The total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Vicodin was medically necessary.

**Lorzone 750mg quantity 15:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lorzone (Chlorzoxazone).

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

**Decision rationale:** The claimant sustained a work injury in February 2004 and continued to be treated for neck, low back, and left shoulder pain. Medications are referenced as decreasing pain from 9/10 to 5/10 and allowing her performance of a home exercise program. When seen, there was left shoulder tenderness and bilateral trapezius muscle spasms. Medications have included Skelaxin which had been prescribed on a long-term basis. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Drugs with the most limited published evidence in terms of clinical effectiveness include Lorzone (chlorzoxazone), methocarbamol, dantrolene and baclofen. In this case, there is no identified new injury or exacerbation and muscle relaxants have been prescribed on a long-term basis. Prescribing Lorzone was therefore not medically necessary.