

<b>Case Number:</b>	CM17-0005412		
<b>Date Assigned:</b>	01/12/2017	<b>Date of Injury:</b>	11/18/2016
<b>Decision Date:</b>	02/06/2017	<b>UR Denial Date:</b>	12/07/2016
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2017

### 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: New Jersey, New York

Certification(s)/Specialty: Family Practice

### 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 46 year old male who sustained an industrial injury on 11-18-16. The injured worker reported discomfort in the low back. A review of the medical records indicates that the injured worker is undergoing treatments for low back pain, lumbar radiculopathy and muscle weakness. Medical records dated 11-30-16 indicate pain rated at 8 out of 10. Provider documentation dated 11-30-16 noted the work status as "unable to work." Treatment has included Baclofen, Neurontin, and ibuprofen. Objective findings dated 11-30-16 were notable for pain with range of motion, straight leg raise positive bilaterally, left foot drop, left leg limp, "slowed and stooped." The original utilization review (12-7-16) denied a request for Lorzone 750mg one by mouth three times a day #45.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lorzone 750mg one by mouth three times a day #45:** Upheld

**Claims Administrator guideline:** The Claims Administrator based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Muscle relaxants (for pain).

**Decision rationale:** The use of lorzone is not medically necessary at this point. It is indicated for short-term use with best efficacy in the first four days. The effect is modest and comes with many adverse side effects including dizziness and drowsiness. Lorzone is associated with increase in dizziness and sedation. The patient has used baclofen but is not documented to have failed other muscle relaxants. Lorzone has the least amount of data showing clinical effectiveness. Therefore, the request is not medically necessary.