

Case Number:	CM13-0053591		
Date Assigned:	12/30/2013	Date of Injury:	12/12/2005
Decision Date:	04/30/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/18/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 58-year-old employee who sustained an industrial injury on December 12, 2005. The injured worker carries the diagnoses of cervical and thoracic spine pain, insomnia, right upper extremity and shoulder pain. The patient is on a regimen of Lidoderm, Percocet, Neurontin, Zofran, tramadol, and Ambien, in addition to the disputed medication request. The disputed issue is a request for Parafon forte 500 mg twice daily. The utilization review on November 7, 2013 had non-certified this request based upon the reasoning that muscle relaxants "are recommended for short-term treatment of acute exacerbations in patients with chronic low back pain. Continued and long-term use is not supported by guidelines. Additionally, the medical report dated October 10, 2013 does not establish an acute exacerbation of symptoms to support a short course of the muscle relaxant."

IMR ISSUES, DECISIONS AND RATIONALES

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

PARAFON FORTE 500MG TWICE A DAY IS NOT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63-64.

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that "Chlorzoxazone (Parafon Forte[®], Paraflex[®], Relax DS, Remular S, generic available): this drug works primarily in the spinal cord and the subcortical areas of the brain. The mechanism of action is unknown but the effect is thought to be due to general depression of the central nervous system. Advantages over other muscle relaxants include reduced sedation and less evidence for abuse." The Guidelines also indicate that the "Side Effects: Drowsiness and dizziness. Urine discoloration may occur. Avoid use in patients with hepatic impairment. Dosing: 250-750 mg three times a day to four times a day." The guidelines recommend muscle relaxants as a second line option to address "acute exacerbations in patients with chronic LBP." The office follow-up note associated with this request, dated October 17, 2013 does not indicate that the patient has had an acute exacerbation of pain. In fact, the history of present illness specifies that the patient continues with right upper extremity and shoulder pain. A progress note dated April 24, 2013, indicates that the patient was also on Parafon forte at this time. Given this long-term use and the lack of documentation of exacerbation, this request is recommended for non-certification.