

Case Number:	CM14-0175114		
Date Assigned:	10/28/2014	Date of Injury:	11/20/1988
Decision Date:	12/04/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/22/2014

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 Neurology and is licensed to practice in New Jersey. 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 patient is a 78-year-old man who sustained a work related injury on November 20, 1986. Subsequently, he developed chronic neck and low back pain. The patient was treated with Norco, Celebrex, Gabapentin and Parafon Forte. X-ray of the cervical spine demonstrated degenerative disc disease. According to the progress report dated September 25, 2014, the patient's neck had flared up. His physical examination demonstrated the cervical tenderness with reduced range of motion and shoulder pain. The provider requested authorization for Parafon Forte DSC.

IMR ISSUES, DECISIONS AND RATIONALES

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

Parafon Forte DSC Caplets 500mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain) Page(s): 63-66.

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

Decision rationale: According to MTUS guidelines, Parafon Forte, a non-sedating muscle relaxants, is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. There is no recent evidence of pain flare or spasm

and the prolonged use of Parafon Forte is not justified. Therefore, the request for authorization Parafon Forte DSC Caplets 500mg is not medically necessary.