

Case Number:	CM15-0108476		
Date Assigned:	06/15/2015	Date of Injury:	04/22/1994
Decision Date:	07/14/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/05/2015

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: Emergency 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 injured worker is a 67 year old female, who sustained an industrial injury on 4/22/94. She reported low back pain and neck pain. The injured worker was diagnosed as having cervical intervertebral disc displacement without myelopathy, lumbosacral spondylosis without myelopathy, unspecified myalgia and myositis, unspecified neuralgia, neuritis and radiculitis. Treatment to date has included oral medications including Ativan, Wellbutrin, Tramadol and Promethazine and activity restrictions. Currently, the injured worker complains of constant and throbbing back and neck pain with radiation to bilateral upper extremity, bilateral lower extremity, neck and head; she rates her pain as 4/10. She notes Tramadol is effective for her pain and allows her to function and perform her activities of daily living. Physical exam noted decreased strength at L5 myotome, severe spasms along upper/medial trapezius and bilateral paraspinals and pain with palpation to left SI joint. The treatment plan included continuation of oral medications and prescription for Parafan Forte 500 mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Parafon Forte 500mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 9, 63-65, 74, 78-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-64.

Decision rationale: Parafon Forte is a muscle relaxant. As per MTUS guidelines, evidence show that it is better than placebo but is considered a second line treatment due to high risk of adverse events. It is recommended only for short course of treatment for acute exacerbations. Patient has been on this medication chronically. There is no documentation of improvement or any muscle spasms on exam or complaint. Chronic use of Parafon forte is not medically necessary.