

Case Number:	CM15-0166219		
Date Assigned:	09/03/2015	Date of Injury:	08/27/2012
Decision Date:	10/06/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	08/24/2015

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: Arizona, California

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 53-year-old female who sustained an injury on 8-27-12. The initial symptoms and complaints from the injury are not included in the medical records. The Primary Treating Physician Progress report from 11-24-14 states the IW complains of intermittent back pain and left shoulder pain; some of the pain radiates down the legs particularly into the knees. An MRI was performed on 10-11-14 and was reported as no significant abnormalities except for mild disc desiccation and a slight anterior disc protrusion at the T11-T12 area. The examination reveals tenderness along the lumbar paraspinal muscles, iliolumbar and sacroiliac regions; neurologic exam is intact and her gait is within normal limits. Diagnoses include lumbar strain with myofascial pain and possible left lumbar radiculitis; left shoulder strain, which has essentially resolved. The plan was to continue with Mobic, Lidoderm patches and Parafon Forte as needed; independent exercise program and return to the clinic in 5 months. The PR2 dated 3-19-15 reports she continues to have back pain in both the mid and low back regions, and pain in the shoulder region. She reports the pain as quite significant and has been taking Mobic, Lidoderm, patch and Parafon Forte and it was noted that these medications are not being refilled. She states without medication her pain is much worse and functionally much worse. Her pain is rated 8 out of 10; she can sit for 10 minutes; stand 15 minutes; walk for 1 block; vacuum 1 room; and do maybe 15 minutes worth of gardening. With the medication her pain is rated 3 out of 10. The examination of the lumbar spine reports tenderness along the lumbar paraspinal muscles, iliolumbar and sacroiliac regions; increase in tenderness along the left periscapular region with some trigger points identified; shoulder range of motion is within normal limits. Medications

include Mobic 15 mg; Parafon Forte 500 mg 1 every 8-12 hours as needed #60 with 5 refills; Lidoderm 1 patch as directed #30 with 5 refills. She is to continue with an independent exercise program. Current requested treatments Parafon Forte 500 mg #60 with 4 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Parafon forte 500mg #60 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants.

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

Decision rationale: Parafon works primarily in the spinal cord and subcortical areas of the brain. It is a muscle relaxant. According to the guidelines, it is recommend with caution as a second- line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, it was used in combination with Mobic for several months. Long-term use is not indicated. Continued and chronic use is not medically necessary.