

Case Number:	CM15-0021711		
Date Assigned:	02/11/2015	Date of Injury:	04/03/2000
Decision Date:	03/31/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/05/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 49 year old female, who sustained an industrial injury on April 3, 2000. The injured worker has reported back pain. The diagnoses have included post laminectomy syndrome, low back pain and chronic pain syndrome. Treatment to date has included pain medication, diagnostic testing, a lumbar laminectomy and psychological evaluations. Current documentation dated January 16, 2015 notes that the injured worker reported persistent back pain rated at a five out of ten on the Visual Analogue Scale. The pain was noted to interfere with her quality of life and ability to function. She also reported increased generalized weakness. Physical examination of the lumbar spine revealed loss of lumbar lordosis, tenderness to palpation and moderate paravertebral spasms. Motor examination showed diffuse lower extremity muscle weakness. Sensation was decreased in the left lateral thigh and lateral calf. On January 20, 2015 Utilization Review non-certified a request for Parafon Forte DSC 500 mg # 42 and modified a request for Percocet 10/325 mg # 60. The MTUS, Chronic Pain Medical Treatment Guidelines, were cited. On February 5, 2015, the injured worker submitted an application for IMR for review of Parafon Forte DSC 500 mg # 42 and Percocet 10/325 mg # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Chronic pain Medical Treatment Guidelines (May 2009)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids, Page(s): 76-79.

Decision rationale: According to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status,appropriate medication use, and side effects. Pain assessment should include: currentpain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework.The patient have been using opioids for long period of time without recent documentation of full controle of pain and without any documentation of functional or quality of life improvement. There is no clear documentation of patient improvement in level of function, quality of life, adequate follow up for absence of side effects and aberrant behavior with a previous use of narcotics. There is no justification for the use of several narcotics. Therefore the prescription of Percocet 10/325MG #60 is not medically necessary.

Parafon Forte DSC 500MG #42: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain). Decision based on Non-MTUS Citation California Chronic pain Medical Treatment Guidelines (May 2009)

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 500MG #42 is not medically necessary.

