

Case Number:	CM15-0213503		
Date Assigned:	11/03/2015	Date of Injury:	04/30/2001
Decision Date:	12/15/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/29/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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:

This injured worker is a 59 year old female, who sustained an industrial injury on 04-30-2001. The injured worker was diagnosed as having neck pain, cervical sprain-strain with underlying severe spondylosis, chronic tendinopathies in both shoulders from sprain-strain injury of the elbow. On medical records dated 09-21-2015, the subjective complaints were noted as neck pain and severe cramps. Pain was rated at a 50% reduction with medication. Pain was rated 8 out of 10, at the best and 4 out of 10 with medication and 10 out of 10 without medication. Objective findings were noted as neck range was limited in all planes. Palpation revealed muscle spasms in the cervical spine. Treatment to date included medication. Current medication was not listed on 09-21-2015. Current medication prescribed during visit was listed as Percocet, Voltaren Gel, Feldene, Parfon Forte. The Utilization Review (UR) was dated 10-05-2015. A Request for Authorization was dated 09-23-2015. The UR submitted for this medical review indicated that the request for Parafon Forte 500mg #30 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Parafon Forte 500mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Parafon forte 500mg #30 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are neck pain; cervical sprain strain; cervicogenic headaches; chronic tendinopathy both shoulders secondary to sprain strain; history of medial and lateral epicondylitis chronic; history of bilateral wrist sprain strain, chronic stable. Date of injury is April 30, 2001. Request for authorization is September 23, 2015. According to the June 9, 2014 progress note, the treating provider prescribed Flexeril, Norco, Mobic and Voltaren gel. According to the most recent progress note dated September 21, 2015, the injured worker subjectively complained of a neck pain flare. The injured worker has used traction. Pain score is 8/10. Objectively, there is spasm and decreased range of motion. The treating provider changed Flexeril to parafon forte. There is no clinical rationale for the change from one muscle relaxant (Flexeril) to another. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Flexeril was prescribed, at a minimum, in excess of four months. The start date is not provided. There is no documentation demonstrating objective functional improvement to support ongoing Flexeril or another muscle relaxant, Parafon forte. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, treatment continued (at a minimum) and excessive four months with guideline recommendations less than two weeks, no documentation demonstrating objective functional improvement and no documentation of acute low back pain or an acute exacerbation of chronic low back pain, Parafon forte 500mg #30 is not medically necessary.