

Case Number:	CM15-0080723		
Date Assigned:	05/01/2015	Date of Injury:	05/31/1984
Decision Date:	06/01/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/27/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 81 year old female who sustained an industrial injury on 05/31/1984. Current diagnoses include lumbar degenerative disc disease, degeneration of thoracic or thoracolumbar intervertebral disc, and degeneration of cervical intervertebral disc. Previous treatments included medication management, chiropractic treatments, and right total hip replacement. Initial complaints included injuries to her low back after falling in an elevator. Report dated 01/21/2015 noted that the injured worker presented with complaints that included persistent neck, thoracic and lumbar spine pain. Pain level was not included. Current medications in hydrocodone/APAP and Parafon Forte. Physical examination was positive for abnormal findings. Disputed treatments include hydrocodone and Parafon Forte.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 5/325mg qty 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Pain, Opioids.

Decision rationale: ODG does not recommend the use of opioids for neck and low back pain except for short use for severe cases, not to exceed 2 weeks. The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; 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. The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. Additionally, medical documents indicate that the patient has been on an opioid in excess of the recommended 2-week limit. The treating physician does not detail sufficient information to substantiate the need for continued opioid medication. As such, the request for Hydrocodone 5/325mg qty 120 is not medically necessary.

Parafon Forte 500mg Qty 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Antispasmodics Page(s): 60-61, 64-66.

Decision rationale: Chlorzoxazone(Parafon Forte) is a muscle relaxer. MTUS outlines that: "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) MTUS additionally states concerning muscle relaxants. "Recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief." The medical documentation provided indicates this patient has been taking Parafon Forte in excess of the 2 week recommendation. Additionally, the quantity of medication requested is in excess of guidelines. Medical documents do not fully detail the components outlined in the guidelines above and do not establish the need for long term/chronic

usage of Parafon Forte. As such, the request for Parafon Forte 500mg Qty 90 is not medically necessary.