

Case Number:	CM14-0122875		
Date Assigned:	08/08/2014	Date of Injury:	09/09/1983
Decision Date:	10/14/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/04/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 75-year-old male who reported an injury on 09/09/1983, the mechanism of injury was not provided. On 07/07/2014 the injured worker presented with low back and neck pain. Current medications included baby aspirin, Vicodin, Parafon Forte, Plavix and Metformin. Upon examination there was moderate tenderness to palpation in the bilateral L1-5 with greater tenderness at the L4 and L5 levels. There was tenderness to palpation over the paraspinal muscles at the same level along with tenderness to palpation at the bilateral SI's. There is decreased flexion and extension by approximately 50%. The diagnoses were failed back surgery syndrome, some lumbar degenerative disc disease, lumbar facet arthropathy, and myofascial pain syndrome. The provider recommended Vicodin, Parafon Forte, and a follow-up visit. The provider's rationale is not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/300mg #30 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend that a use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of evidence and objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior and side effects. The efficacy of the prior use of the medication has not been provided. As such, Vicodin 5/300mg #30 with 3 refills is not medically necessary.

Parafon Forte 500 mg #30 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations. They show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time. Prolonged use of some medications in this class may lead to dependence. There is lack of documentation about the efficacy of the prior use of the medication. Additionally, the provider's request for Parafon Forte 500 mg with a quantity of 30 and 3 refills exceed the guideline recommendation for short term treatment. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, Parafon Forte 500 mg #30 with 3 refills is not medically necessary.

Follow up visit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visit.

Decision rationale: The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations. They show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time. Prolonged use of some medications in this class may lead to dependence. There is lack of documentation about the efficacy of the prior use of the medication. Additionally, the provider's request for Parafon Forte 500 mg with a quantity of 30 and 3 refills exceed the guideline recommendation for short term treatment. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, Parafon Forte 500 mg #30 with 3 refills is not medically necessary.

