

Case Number:	CM15-0123847		
Date Assigned:	07/08/2015	Date of Injury:	10/17/2011
Decision Date:	08/04/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/26/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 45 year old male who sustained an industrial /work injury on 10/17/11. He reported an initial complaint of back pain. The injured worker was diagnosed as having lumbosacral sprain/strain, right S1 lumbar radiculopathy, myofascial pain syndrome, right knee internal derangement, s/p knee surgery. Treatment to date includes medication, surgery, and diagnostics. Currently, the injured worker complained of chronic back pain with radiation to the right lower extremity with burning and numbness sensation as well as knee and hip complaints. A right knee brace was worn and a cane was utilized for ambulation. Pain was rated 8-9/10 in the back and knee with reduction to 4/10 with medication. Per the primary physician's report (PR-2) on 5/12/15, there was right leg pain and numbness and burning sensations. Exam noted limited range of motion, palpable spasms in the lumbar trunk, decreased strength (4/5) of the right thigh flexion, knee extension, and great toe extension, absent right sided Achilles reflex, sensory loss over the right lateral calf and bottom of the right foot, peripatellar swelling, painful patellar compression, knee flexion to 110 degrees, knee extension to 5 degrees, excessive laxity with valgus maneuver, right hip greater trochanter tenderness, and painful right hip passive flexion and external rotation. The requested treatments include Parafon Forte 500mg.

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 Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Chlorzoxazone.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) and Chlorzoxazone (Parafon Forte, Paraflex, Relax DS, Remular S, generic available) Page(s): 63 and 65.

Decision rationale: Parafon Forte 500mg #30 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that the muscle relaxants with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone (Parafon Forte), methocarbamol, dantrolene and baclofen. The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The documentation does not reveal significant functional improvement or pain relief on prior Parafon Forte. The documentation indicates that the patient has already taken Parafon Forte since April of 2015 and this medication is recommended for short term use. The request for continued Parafon Forte is not medically necessary.