

Case Number:	CM15-0125293		
Date Assigned:	07/09/2015	Date of Injury:	04/15/1992
Decision Date:	08/12/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/29/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 62 year old female, who sustained an industrial injury on 4/15/1992, while employed as a certified nursing assistant, due to lifting a patient. The injured worker was diagnosed as having lumbar disc displacement without myelopathy and post-laminectomy syndrome. Treatment to date has included diagnostics, lumbar spinal surgery in 1993, physical therapy, lumbar epidural steroid injection, spinal cord stimulator, and medications. Currently, the injured worker complains of chronic low back pain, rated 7-9/10. She also reported radicular symptoms into her bilateral lower extremities, to her feet. Her medications included Morphine (extended release) and Norco for breakthrough pain. She also used Parafon Forte for her muscle spasms. She reported that Parafon Forte decreased the intensity of spasms and allowed her to complete activities of daily living, with decreased pain and increased function. Exam noted positive straight leg raise bilaterally, along with spasm and guarding in the lumbar spine. Her work status was permanent and stationary and she was not working. The use of Parafon Forte was noted for greater than 6 months. Urine toxicology was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Parafon Forte DSC 500mg #80: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: Based on the 04/13/15 progress report provided by treating physician, the patient presents with low back pain radiating down bilateral lower extremities with associated numbness and tingling. The patient is lumbar spinal surgery in 1993. The request is for Parafon Forte DSC 500MG #80. RFA with the request not provided. Patient's diagnosis on 04/13/15 includes lumbar disc displacement without myelopathy, and syndrome postlaminectomy lumbar. The patient utilizes a four-wheel walker with brakes and wheel chair for ambulation. Prior physical examination to the lumbar spine, per 06/23/15 report revealed spasm and guarding. Range of motion was decreased, especially on extension 0 degrees and flexion 30 degrees. Positive straight leg raising test bilaterally. Patellar reflex absent on the right. Treatment to date has included diagnostics, lumbar epidural steroid injection, spinal cord stimulator, physical therapy, home exercise program and medications. Patient's medications include Neurontin, Xanax, Morphine Sulfate, Norco and Parafon Forte. The patient is permanent and stationary, per 01/05/15 report. Treatment reports provided from 01/05/15 - 06/23/15. Regarding muscle relaxants for pain, MTUS Guidelines page 63 states, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, most LBP cases show no benefit beyond NSAID in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and Baclofen." Parafon Forte was included in patient's medications, per progress reports dated 01/05/15, 04/13/15, and 06/23/15. Per 06/23/15 report, treater states "The patient does not use Parafon Forte on a regular basis and uses intermittently only at the time of severe spasms as needed. The patient reports that with the use of medications she is able to complete her activities of daily living with decreased pain and increased function. Without this medication, this patient would suffer from a lot more muscle tension, causing us to increase other medications and consider more expensive procedures. If this patient finds that Parafon Forte is not helping her, we will discontinue, however, at this time, she continues to need this medication. She is tolerating it well and there is no evidence of abuse, side effects or diversion; hence we would like her to continue this medication." Treater has documented medication efficacy and discussed medical rationale for the request. However, per MTUS, duration of use should be short-term (no more than 2-3 weeks). The patient has been prescribed Parafon Forte at least since 01/05/15, which is more than 4 months from UR date of 05/26/15. In addition, the request for quantity 80 does not indicate intended short-term use of this medication. This request is not in accordance with guidelines. Therefore, the request IS NOT medically necessary.