

Case Number:	CM15-0029180		
Date Assigned:	02/23/2015	Date of Injury:	04/22/1994
Decision Date:	04/01/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/17/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 67 year old female who sustained a work related injury April 22, 1994. According to a primary treating physician's report dated January 5, 2015, the injured worker presented complaining of lower back and cervical spine pain, rated 5/10, that she has been experiencing for more than 10 years. The pain is described as constant, stabbing and throbbing with constant numbing and pins and needles. The pain radiates to the bilateral upper extremity, bilateral lower extremity, neck and head. Physical examination reveals decreased strength at the myotome left L5, severe spasms along upper and medial trapezius bilaterally and bilateral paraspinals, and pain with palpation to the left sacral iliac joint. Diagnoses is documented as displacement cervical intervertebral disc without myelopathy; unspecified myalgia and myositis, unspecified neuralgia neuritis and radiculitis, lumbosacral spondylosis without myelopathy, opioid type dependence continuous. Treatment requested included continue to authorize medications. According to utilization review dated January 12, 2015, the request for Parafan Forte 500mg #90 PO (by mouth) TID (three times a day) PRN (as needed) is non-certified, citing MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Parafan Forte 500mg #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 muscle relaxants Page(s): 65.

Decision rationale: According to the guidelines, muscle relaxants such as Parafon Forte are to be used 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, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the claimant had already been on opioidss (Tramadol) for pain. The Parafon is not specifically indicated for leg cramps and is thought to depress the CNS. Long-term use is not indicated. The claimant was given a month supply and had been on it for an unknown length of time. Continued use is not medically necessary.