

Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: MAY 14, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed Parafon Forte 500MG (unspecified quantity and number of refills)

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Physical Medicine and Rehabilitation and is engaged in the full time practice of medicine.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
Spondylosis	Parafon Forte 500MG		Prosp				Xx/xx/xx	xxxxx	Upheld

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who reported an industrial injury to the low back on xx/xx/xx. The mechanism of injury was not stated.

The first medical records available for the compensable injury are Medical Notes from an evaluation on February 4, 2013. There were subjective complaints of low back pain. Upon physical examination, the injured employee measured 6' 2" and weighed 231 pounds. The gait was normal. Lumbar flexion was 60 degrees. Straight leg raise test was to 80 degrees. Strength was 5/5. The injured employee's medication list included a Medrol DosePak, Paxil, Parafon Forte,

Nexium, and Norco. The injured employee then underwent a urine drug screen which was positive for barbiturates, benzodiazepines, and opiates.

The injured employee followed up on April 15, 2013. There were subjective complaints of low back pain of 9/10 on the visual analog scale. Upon physical examination, there was an antalgic gait on the left. Coordination was normal. Lumbar flexion was 50 degrees. Straight leg raise test was to 90 degrees. Muscle strength was 5/5. The recommendation was to continue the current medications. The injured employee continued to follow with the treating physician for medications and medical care.

At the evaluation on January 6, 2014, there were subjective complaints of low back pain with a Visual Analogue Scale (VAS) score of 8/10. During the physical examination, there was an antalgic gait. Lumbar flexion was 50 degrees with pain. Strength was 5/5. The recommendation was for medication refills and a home exercise program.

On March 27, 2014, did a Peer Review. stated he had spoken with the Treating Doctor on March 27, 2014. stated the injured employee was using the medication to allow him to have full-time gainful employment. He had been on different medications in the past including other muscle relaxants, nonsteroidal anti-inflammatory drugs (NSAIDs), and Tylenol. The injured employee stated that without the Parafon Forte he was unable to work. The dosage of this medication was noted as Parafon Forte 500 mg, four times a day with a couple of refills in each prescription, per report. stated that the request was not medically necessary further stated that, in his judgment, the clinical information provided did not establish the medical necessity for this request. Regarding muscle relaxants for pain, the Official Disability Guidelines recommended non-sedating muscle relaxers with caution, as a second line option for short-term, less than two weeks, treatment of acute low back pain and for short-term treatment of acute exacerbations in individuals with chronic low back pain. Parafon Forte works primarily in the spinal cord and subcortical areas of the brain. The mechanism of action is unknown, but the effect is thought to be due to general depression of the central nervous system. This medication is not advised per the Official Disability Guidelines for chronic long-term use; therefore, the request is not medically necessary.

On follow-up by the Treating Doctor on April 7, 2014, there were subjective complaints of low back pain. Upon physical examination flexion was 40 degrees. Muscle strength was noted at 5/5. The injured employee's medication list included Norco, Paxil, and Parafon Forte.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S RATIONALE:

After reviewing the mechanism of injury, the multiple medical records available for review, and the peer-reviewed, evidence-based Official Disability Guidelines, Pain Chapter, updated April 10, 2014, I agree with the previous reviewer's denial. The Official Disability Guidelines state that the recommendation of non-sedating muscle relaxers should be done with caution, as a second line option for short-term use, less than two weeks, for treatment of acute low back pain and for short-term treatment of acute exacerbations of pain in individuals with chronic low back pain.

The long-term use of this medication is not supported. During the physical examination, there was no documentation of muscle spasms or decreased pain with Visual Analogue Scale (VAS) scores with the treatment of Parafon Forte.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES