

<b>Case Number:</b>	CM13-0009759		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	11/15/2004
<b>Decision Date:</b>	03/04/2014	<b>UR Denial Date:</b>	08/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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 physician 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:

This is a male patient with a date of injury of 11/15/04. A utilization review determination dated 8/1/13 recommends modification of Soma from #120 and 5 refills to a single refill for a 1-month supply for weaning purposes. A progress report dated 8/12/13 identifies subjective complaints including "in to discuss recent med denials which are irrational and cite parts of MTUS guidelines to support reviewer's biases. Has already been tapering." Objective examination findings identify bilateral hip pain, bilateral limp, LS tenderness, positive DTR. Diagnoses include bilateral TKA - persistent pain. Treatment plan recommends [illegible, appears to be methadone] tapering and Soma taper.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350 mg #120 x 5 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 Page(s): 63-66.

**Decision rationale:** Regarding the request for Soma 350 mg #120 x 5 refills, California MTUS supports the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for

the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Soma specifically is recommended for a short course of therapy. Within the documentation available for review, it appears that the patient has been utilizing this medication for several years. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation. It appears that the provider's intention is to taper the medication, but a request for #120 and 5 refills is not consistent with tapering. The previous utilization review recommended modification of the request to a one-month supply for the purpose of tapering, which is reasonable. Unfortunately, there is no provision to modify the current request. In light of the above issues, the currently requested Soma 350 mg #120 x 5 refills is not medically necessary.