

<b>Case Number:</b>	CM13-0015053		
<b>Date Assigned:</b>	10/07/2013	<b>Date of Injury:</b>	07/16/2009
<b>Decision Date:</b>	05/05/2014	<b>UR Denial Date:</b>	07/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2013

### 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. The expert reviewer is Board Certified in Anesthesiology, Pain Management and is licensed to practice in Florida. 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/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:

The patient is a 60-year-old male who reported an injury on 07/16/2009. The mechanism of injury was not stated. The patient is currently diagnosed as status post cervical spine surgery in 2012, status post right total knee replacement in 2013, status post right ankle surgery and lumbar sprain and strain with disc disease. The patient was recently seen by [REDACTED] on 09/10/2013. The patient reported persistent lower back pain, as well as knee symptoms. Physical examination revealed a well-healed incision in the right knee with tenderness at the joint line, tenderness to palpation of the lumbar paraspinal muscles, and decreased range of motion. Treatment recommendations included a referral for evaluation of the lumbar spine and continuation of current medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SOMA 2350MG #60 WITH 1 REFILL FOR CERVICAL SPINE AND KNEE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66 AND 124.

**Decision rationale:** The Expert Reviewer's decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second-line options for short-term treatment of acute exacerbations. Soma should not be used for longer than 2 to 3 weeks. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. There was no evidence of palpable muscle spasm or spasticity upon physical examination. As guidelines do not recommend long-term use of this medication, the current request is non-certified.