

<b>Case Number:</b>	CM13-0021991		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	12/12/2001
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	08/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 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:

This is a patient with a date of injury of 12/21/01. A utilization review determination dated 8/28/13 recommends modification of Soma to a 1-month supply for weaning purposes. 8/12/13 medical report identifies pain in the lower back radiating down both lower extremities 7/10, somewhat manageable on his current medical regimen. There is also left knee pain. On exam, there is antalgic gait requiring a walker. There is tenderness along the lumbar paraspinal muscles, reproducible with lumbar facet loading. There is decreased ROM and axial pain with SLR in modified sitting position at 60 degrees. There is left knee tenderness along the medial and lateral joint lines with positive McMurray's test. Multiple medications were recommended, including Soma 350 mg, 5 tablets q.d. Progress note dated 10/30/2013 documented the patient to have complaints of pain at a 6/10 on a pain scale with medication. Objective findings on exam included examination of the lumbar spine revealing tenderness to palpation over the incision site as well as the surrounding musculature. Sensory exam shows there is no localizing sensory deficit of either lower extremity. On motor exam the left lower extremity is somewhat weaker than the right. Deep tendon reflexes in the knees are 2+ bilaterally and in the ankles on the left trace and the right 1+. Straight leg raising test 60 degrees bilaterally. Pain management follow up note dated 10/30/2013 documented the patient 's radicular symptoms in the legs significantly improved, This is a direct result of decompression. Objective findings on exam included examination of the posterior lumbar musculature revealing tenderness bilaterally with muscle rigidity noted. He has decreased range of motion. Straight leg raise in modified sitting position is positive to about 60 degrees which causes axial pain. Follow up note dated 11/27/2013 documented the patient continues to experience debilitating pain in his lower back which radiates down to both lower extremities. He rates his pain today as 6/10 in intensity. The patient is unable to function without his current medical regimen. He has been able to slowly cut back on the

amount of Oxycontin he takes on a daily basis. Soma is a muscle relaxant that the patient is slowly weaning off of. FexMid was tried as an alternative but that did not work at all.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**SOMA 350 QD:** Upheld

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

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

**Decision rationale:** Regarding the request for Soma, Chronic Pain Medical Treatment Guidelines support 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. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the medication. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Soma is not medically necessary.