

<b>Case Number:</b>	CM13-0040969		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	09/12/2011
<b>Decision Date:</b>	03/12/2014	<b>UR Denial Date:</b>	10/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 Anesthesiology, has a subspecialty in 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 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:

The patient is a 47-year-old female who reported an injury on 09/12/2011. The patient is diagnosed with right shoulder tendonitis, status post arthroscopic decompression in the right shoulder, lumbar neuritis/radiculitis, sprain/strain of the cervical spine, cervical radiculitis, sprain/strain of the thoracic region, cervical brachial radiculitis, and sprain/strain of the lumbar region. The patient was recently seen by [REDACTED] on 11/14/2013. The patient reported ongoing lower back pain with shoulder pain. The physical examination revealed tightness in the paracervical musculature of the cervical spine, diminished range of motion of the cervical spine, positive cubital Tinel's on the right, positive carpal Tinel's on the right, tenderness in the paravertebral musculature, positive sciatic notch tenderness, and decreased lumbar range of motion. The treatment recommendations included continuation of current medications including Soma and Protonix.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Treatment Guidelines, Muscle Relaxants Section, Weaning of Medications Page(s): pages.

**Decision rationale:** The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations in patients with chronic low back pain. Soma should not be used for longer than 2 to 3 weeks. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. The patient continues to demonstrate paracervical muscle tightness, tenderness to palpation, and decreased range of motion. As guidelines do not recommend long term use of this medication, the current request cannot be determined as medically appropriate. As such, the request is non-certified.