

<b>Case Number:</b>	CM13-0042692		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/30/1996
<b>Decision Date:</b>	04/26/2014	<b>UR Denial Date:</b>	10/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### 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 61 year-old with a May 30, 1996 industrial injury claim. The patient has been diagnosed with cervical DDD (degenerative disc disease), facet arthropathy, radiculopathy; s/p cervical fusion; lumbar facet arthropathy and radiculopathy; chronic pain ; left plantar fasciitis. According to the September 27, 2013 pain management report from [REDACTED], the patient presents with neck pain that radiates to the BUE (bilateral upper extremities) and low back pain that radiates to BLE (bilateral lower extremities). Without medications, the pain is 9/10, with medications it is 5/10. The patient was reported to be on gabapentin, Lidoderm patch, naproxen, Norco, Pennsaid, Protonix, and Soma. On October 4, 2013, the UR recommended against continued use of Soma.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SOMA 350 MG, 90 COUNT, AS AN OUTPATIENT FOR LOW BACK PAIN:** Upheld

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

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

**Decision rationale:** According to the September 27, 2013 pain management report from [REDACTED], the patient presents with neck pain that radiates to the BUE and low back pain that radiates to BLE. I have been asked to review for necessity of Soma. The records show the patient has been using Soma on July 5 through September 27, 2013. The Chronic Pain Medical Treatment Guidelines specifically states that Soma is not recommended for use longer than 3-weeks. The request for Soma 350 mg, 90 count, as an outpatient for low back pain, is not medically necessary or appropriate.