

<b>Case Number:</b>	CM13-0047448		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	11/20/1996
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	10/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2013

### 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 Internal Medicine and is licensed to practice in North Carolina, Colorado, California, and Kentucky. 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 injured worker is a 46 year old female that had an injury on 11/20/96. There is no documentation of mechanism of injury. The request is for Soma 350mg #90. The injured worker has a diagnosis of myalgia, myositis, cervicgia and brachial neuritis/radiculitis, major depressive affective disorder, and fibromyalgia. The injured worker has a chronic history of symptoms, has been treated with numerous medications which include Dilaudid, Duragesic patches, Cymbalta, and Soma. Her most recent clinical note dated 05/01/14, physical examination noted the patient has a constant pain of 10/10. Further clinical notations suggest pain in the upper cervical, both upper extremities, headaches and muscle tightness. She has diffused tenderness to palpation. She has a normal gait. Sensation is intact. Strength is symmetrical. Reflexes are diminished but symmetrical in upper and lower extremities. She had a normal gait. The injured worker also has been undergoing serial drug screens. The request for Soma does not appear to be appropriate at this time. The injured worker has been taking Soma consistently for greater than five years. Guidelines do not recommend Soma for long term use due to the high risk of dependence. In review of the records, there has been no discussion of tapering of the Soma. Based on the information, the request for 1 prescription of Soma 350mg #90 is not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SOMA 350 MG #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Soma.

**Decision rationale:** The injured worker has been taking Soma consistently for greater than five years. Guidelines do not recommend Soma for long term use due to the high risk of dependence. In review of the records, there has been no discussion of tapering of the Soma. Based on the information, the request for one prescription of Soma 350mg #90 is not medically necessary.