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| <b>Case Number:</b>   | CM13-0054613 |                              |            |
| <b>Date Assigned:</b> | 01/15/2014   | <b>Date of Injury:</b>       | 12/14/1992 |
| <b>Decision Date:</b> | 05/02/2014   | <b>UR Denial Date:</b>       | 09/24/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/17/2013 |

### 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 Preventative Medicine, 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:

The patient is a 59-year-old female with a 12/14/92 date of injury. Subjective complaints include pain in the neck that shoots down the left arm with spasms, and objective findings include limited cervical spine range of motion. The patient's current diagnosis is lumbar disc degeneration, and treatment to date has been physical therapy and medications, including Soma since at least 1/24/08.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 SOMA 350MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29, 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that Soma is not recommended and that this medication is not indicated for long term use. The MTUS also states that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions, an increase in activity tolerance, and/or a reduction in the use of medications or medical services. The Official Disability Guidelines state

that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of a diagnosis of lumbar disc degeneration. In addition, there is documentation of subjective findings and ongoing treatment with Soma since at least 1/24/08. However, given documentation of a 12/14/92 date of injury, there is no documentation of acute muscle spasms. In addition, given documentation of records reflecting prescriptions for Soma since at least 1/24/08, there is no documentation of the intention to treat over a short course (less than two weeks). Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions, an increase in activity tolerance, and/or a reduction in the use of medications as a result of Soma use to date. Therefore, based on guidelines and a review of the evidence, the request for Soma is not medically necessary.