

<b>Case Number:</b>	CM13-0062510		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	05/25/2009
<b>Decision Date:</b>	06/03/2014	<b>UR Denial Date:</b>	11/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/06/2013

### 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 Orthopedic Surgery, has a subspecialty in spine Surgery and is licensed to practice in Texas. 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 39 year-old male who is reported to have sustained work related injuries on 05/25/09. The records indicate that the injured worker is status post an anterior lumbar interbody fusion at L4/5 performed in 02/2011. The injured worker has been diagnosed with a Failed Back Surgery Syndrome (FBSS) which has resulted in a chronic pain syndrome. The records note that the injured worker has been maintained on Norco 10 mg and Soma 350 mg. The injured worker has been recommended to undergo a Spinal Cord Stimulator trial. On physical examination the injured worker is noted to have an antalgic gait and ambulates with a cane, lumbar range of motion is reduced, motor strength is intact, sensory is intact, and reflexes are symmetric. VAS is 8/10 on medications.

### 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:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Soma Page(s): 29.

**Decision rationale:** The submitted clinical records indicate the injured worker has a failed back surgery syndrome and suffers from chronic pain. Per CA MTUS Soma is not recommended. This medication is not indicated for long-term use as there is a high potential for abuse. Further, there is documentation of myospasm on physical examination for which this medication is indicated. As such, the continued use of this medication is not supported by CA MTUS and medical necessity is not established.