

<b>Case Number:</b>	CM14-0008850		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	07/17/1995
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	12/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2014

### 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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in New York and 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 64 year old female injured on 07/17/95. Mechanism of injury undisclosed. Current diagnoses included left lumbar radiculopathy, central disc protrusion at L3 through S1, lumbar degenerative disc disease, lumbar facet joint arthropathy, lumbar facet joint pain, lumbar stenosis, status post L2-3 fusion, and lumbar sprain/strain. Clinical note dated 01/22/14 indicated the injured worker presented with complaints of bilateral low back pain radiating into the left anterior medial thigh and left anterior knee with left lower extremity numbness and paresthesias. The injured worker was status post lumbar epidural steroid injection on 01/09/14 and reported 90% relief of left lower extremity radicular symptoms and 50% relief of low back pain. Physical examination revealed lumbar spasms, tenderness to palpation of lumbar paraspinal muscles overlying L3 to L5 facet joints, lumbar range of motion restricted in all planes, lumbar discogenic provocative maneuvers positive, sacroiliac joint provocative maneuvers negative bilaterally, nerve root tension signs negative bilaterally except straight leg raise and sitting root positive on the left, patellar reflexes 2+ and Achilles reflexes 1+ symmetric bilaterally in lower extremities, muscle strength 4/5 in left quadriceps, and decreased sensation in left anterior thigh. The injured worker took one half tablet as needed of Soma which reduced her spasms by 60-70%. Current medications included Salonpas patch, daily, as needed, Lidoderm 5% patch daily, simvastatin, Norco 10/325mg one half tablet twice daily, Tizanidine 4mg daily, as needed. The initial request for soma 350mg, quantity 20 was non-certified on 12/31/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SOMA 350MG QTY 20:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 29

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, 9792.20; CARISOPRODOL, 65

**Decision rationale:** As noted on page 65 of the Chronic Pain Medical Treatment Guidelines, Soma is not recommended for long-term use. This medication is FDA-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy. The documentation indicates that the injured worker is being prescribed the medication for chronic pain and long-term care exceeding the recommended treatment window. Additionally, the documentation indicates the injured worker is also prescribed Tizanidine for muscle spasms indicating a redundancy in medication management. As such, the request for Soma 350MG, QTY 20 cannot be recommended as medically necessary.