

<b>Case Number:</b>	CM14-0111128		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	01/05/2006
<b>Decision Date:</b>	09/04/2014	<b>UR Denial Date:</b>	06/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2014

### 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 and Rehabilitation and is licensed to practice in Texas and Ohio. 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 61-year-old male who reported an injury on 01/05/2006. The mechanism of injury was not provided for clinical review. The diagnoses included chronic cervicgia with cervical degenerative disc disease, moderate bilateral foraminal stenosis at C4-5, moderate neural foraminal stenosis right greater than left at C5-6, moderately severe bilateral foraminal stenosis at C6-7, chronic low back pain, status post fusion at L5-S1. The previous treatments included surgery, EMG, medications, medial branch block. Within the clinical note dated 06/10/2014, it was reported the injured worker complained of increased pain to his lower back. He reported the pain radiated into the legs as well as severe headaches and muscle spasms in the neck and shoulder. The injured worker rated his pain 8/10 in severity without medication and 4/10 in severity with medication. Upon the physical examination, the provider noted the injured worker to have significant guarding with regards to the cervical spine with restricted painful movement noted in all planes. The provider noted the injured worker had diffuse tenderness in the cervical paraspinal and bilateral shoulder girdles. The medication regimen included Lunesta, Fentanyl, Norco, Soma, and Ibuprofen. The provider requested for Soma; however, rationale was not provided for clinical review. The request for authorization was not provided for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 250mg #60 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63, 64.

**Decision rationale:** The injured worker complained of increased low back pain. He noted his pain radiated into his legs as well as severe headaches and muscle spasms in the neck and shoulder. He rated his pain 8/10 in severity without medication and 4/10 in severity with medication. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbation in patients with chronic low back pain. The guidelines note the medication is not recommended to be used for longer than 2 to 3 weeks. Muscle relaxants may be effective in reducing muscle tension, increasing mobility. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. The provider failed to document adequate and complete physical examination. Therefore, the request is not medically necessary.