

<b>Case Number:</b>	CM14-0111777		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	02/23/2000
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Florida. 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 57 year old female who was injured on 2/23/2000. The diagnoses are neck, low back and bilateral wrist pain. The radiological tests were significant for degenerative disc disease, facet arthropathy and neural foraminal narrowing of the cervical spine. There was supraspinatus tendinosis and subacromium bursitis of the right shoulder. The 4/8/2014 EMG/NCS showed bilateral carpal tunnel syndrome. The past surgery history is significant for laminectomy and interbody fusion of the lumbar spine. On 6/10/2014, [REDACTED] noted subjective complaints of neck pain that radiates to the trapezius area and well as low back pain radiating to the lower extremities with associated numbness. The medications are ibuprofen and Dilaudid for pain, Ambien for insomnia and Soma for muscle spasm. A Utilization Review determination was rendered on 7/8/2014 recommending modified certification for Soma 350mg #60 to #15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma tablets 350mg QTY:60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and PT Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that the use of muscle relaxants be limited to periods of exacerbation of musculoskeletal pain that is non responsive to standard treatment with NSAIDs and PT. The chronic use of sedating muscle relaxants is associated with the development of tolerance, dependency, sedation, addiction and adverse interaction with other sedatives. The use of Soma is associated with a high incidence of addiction and sedative side effects due to the action of meprobamate, it's barbiturate like metabolite. The records indicate that the patient has utilized Soma with other sedatives that include opioids and Ambiem. The patient had utilized muscle relaxant for many years. There is no indication that the muscle relaxant is being utilized for short periods only during exacerbation of muscle spasm. The criterion for the use of Soma 350mg #60 was not met. Therefore the request is not medically necessary.