

<b>Case Number:</b>	CM14-0123754		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	10/30/2001
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### 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 California and Washington. 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 48-year-old female who reported an injury on 10/30/2001. The mechanism of injury was not specifically stated. The current diagnosis is failed back surgery syndrome. The injured worker was evaluated on 07/11/2014 with complaints of chronic low back and lower extremity pain. Previous conservative treatment includes medication management. The current medication regimen includes Avinza, Lidoderm 5% patch, Norco, Soma, Xanax, and Zoloft. Physical examination revealed positive straight leg raising on the right, tenderness to palpation of the lumbar facets at L3-S1, an antalgic gait, and limited and painful range of motion. Treatment recommendations at that time included continuation of the current medication regimen and a urine drug screen. A Request for Authorization form was then submitted on 07/11/2014 for Soma 350 mg, #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) Guidelines state muscle relaxants are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. There was no documentation of palpable muscle spasm or spasticity upon physical examination. The injured worker has utilized this medication since 11/2013. The California MTUS Guidelines do not recommend long-term use of this medication. There was also no frequency listed in the request. As such, the request is not medically necessary and appropriate.