

<b>Case Number:</b>	CM14-0020379		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	03/26/2006
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in California. 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:

██████████ is a 33 year old man who sustained a work related injury on March 26 2006. Subsequently, he developed a chronic back pain. The patient underwent lumbar laminectomy, followed by a trial of spinal cord stimulator without significant pain relief. According to a note dated on January 3, 2014, patient continued to have pain with difficulty sleeping at night. The he was prescribed MS Contin at night, however the medication was subsequently discontinued because of drowsiness. His physical examination demonstrated the moderate tenderness the lumbar spine with reduced range of motion. His strength was presented with the both upper extremities and reduced in both lower extremities. His MRI of the lumbar spine performed on June 25, 2013 demonstrated the status post surgery at L4-L5 and L5-S1 and mild to moderate bilateral foraminal stenosis. The patient was diagnosed with chronic low back pain, lumbosacral radiculopathy and status post microdiscectomy lumbar. The patient was treated with the Percocet, Skelaxin and Soma. Soma was prescribed at least since October 2013. The provider requested authorization to continue the use of Soma.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SOMA 350MG, 1 TABLE PO QHS PRN #30:** Upheld

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

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

**Decision rationale:** According to MTUS guidelines, a non sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. According to the provided file, the patient was prescribed Soma for several months without clear evidence of spasm or excacerbation of back pain. There is no justification for prolonged use of Soma. The request for SOMA 350MG, 1 TABLE PO QHS PRN #30 is not medically necessary.