

<b>Case Number:</b>	CM14-0029138		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	03/20/1987
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/28/2013

### 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 66-year-old female who reported an injury on 3/20/87. The mechanism of injury was not provided for clinical review. The diagnosis included lumbar radiculopathy and low back pain. Previous treatments included bilateral lower extremity ultrasound, MRI, and medication. In the clinical note dated 11/20/13, reported the injured worker complained of neck pain radiating from her neck down her left arm. The injured worker complained of back pain radiating from low back down both legs. The injured worker reported pain and numbness in the left foot, unbalanced spasms in the right leg, and pain at night. The injured worker continued with bilateral lower extremity weakness and bilateral knee swelling. Upon physical examination, the provider indicated the range of motion of the cervical spine was restricted with flexion at 20 degrees and extension at 10 degrees. The provider noted spasms of the paravertebral muscles on both sides. The provider noted the injured worker had tenderness to palpation of the paracervical muscles. Upon examination of the lumbar spine, the provider noted the range of motion was restricted with flexion at 10 degrees and limited by pain and extension at 5 degrees and limited by pain. The provider noted tenderness to palpation of the paravertebral muscles on the right side. The provider indicated the injured worker had tenderness over the right SI joint and tenderness over the right piriformis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SOMA 350MG, #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The injured worker complained of neck pain radiating from the neck down the left arm. She complained of back pain radiating from the low back down both legs. The injured worker complained of pain and numbness in the left foot, and unbalanced spasms in the right leg. The injured worker complained of localized left hip pain, radiating from the low back to her left knee. She reported having bilateral lower extremity weakness and bilateral knee swelling. The California MTUS guidelines recommend non-sedating muscle relaxant with caution as a second line option for short-term treatment of acute exacerbation in patients with chronic low back pain. The guidelines note that this medication is not recommended to be used for longer than 2 to 3 weeks. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. The request submitted failed to provide the frequency of the medication. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The injured worker had been utilizing the medication since at least September 2013, which exceeds the guideline recommendations of short-term use. As such, the request is not medically necessary.

**1 SOMA 350 MG: QTY 60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The request for Soma 350 MG: QTY 60 is non-certified. The injured worker complained of neck pain radiating from the neck down the left arm. She complained of back pain radiating from the low back down both legs. The injured worker complained of pain and numbness in the left foot, and unbalanced spasms in the right leg. The injured worker complained of localized left hip pain, radiating from the low back to her left knee. She reported having bilateral lower extremity weakness and bilateral knee swelling. The California MTUS Guidelines recommend non-sedating muscle relaxant 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 pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. The request submitted failed to provide the frequency of the medication. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The injured worker had been utilizing the medication since at least 09/2013, which exceeds the Guideline recommendations of short-term use of 2 to 3 weeks. Therefore, the request for Soma 350 MG: QTY 60 is non-certified.

