

<b>Case Number:</b>	CM14-0036682		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	03/24/2011
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2014

### 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 & Rehab and is licensed to practice in California & 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 60-year-old male who reported injury on 03/24/2011. The documentation indicated the injured worker was utilizing the classification of medications of muscle relaxants since at least 2012. Prior therapies included a TENS unit, physical therapy, an elbow brace, and an exercise ball. Prior studies included multiple MRIs of the lumbar spine. The documentation of 02/24/2014 revealed the injured worker had muscle spasms associated with chronic pain. The injured worker had chronic anxiety related to chronic pain. The pharmacologic management included Butrans patches, Norco, and Soma 350 mg daily as needed #15 for back muscle spasms. The physical examination revealed the injured worker had tenderness to palpation with taut bands at myofascial trigger points with twitch responses in the bilateral levator scapula, trapezius, and rhomboid muscles causing radiating pain to the posterior scapula and neck. The injured worker had paravertebral muscle spasms, 3 on the left and 2 on the right. The right paravertebral muscle spasm remained. The treatment plan included muscle relaxants. The documentation indicated prior medical improvement included a steroid injection to the right knee and a request was made for a consultation for a medial branch block and radiofrequency rhizotomy to reduce low back pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350 mg #15:** 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.

**Decision rationale:** The California MTUS Guidelines recommend muscle relaxants as a second-line option for the short-term treatment of acute low back pain, and their use is recommended for less than 3 weeks. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since at least 2012. There was a lack of documentation of objective functional benefit, as it was indicated the injured worker continued to have muscle spasms. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Soma 350 mg #15 is not medically necessary.