

<b>Case Number:</b>	CM14-0040009		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	12/21/1998
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	02/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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 Nevada. 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 50-year-old female who was reportedly injured on December 21, 1998. The mechanism of injury is noted as a motor vehicle accident. The most recent progress note dated February 11, 2014, indicates that there are ongoing complaints of back pain. The physical examination demonstrated an antalgic gait favoring the right side. There was decreased lower extremity muscle tone. Tenderness was noted along the lumbar spine paraspinal muscles and there was painful lumbar spine range of motion. Range of motion of the left knee was 0 to 90. Diagnostic imaging studies were not discussed. A request was made for Soma and was not certified in the pre-authorization process on March 4, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350 mg, #60 times 2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113.

**Decision rationale:** Soma is a muscle relaxant. The California Chronic Pain Medical Treatment Guidelines states that muscle relaxants are indicated as a second line treatment option for the

short-term treatment of acute exacerbations of chronic low back pain. The medical record does not indicate that the injured employee is having any exacerbations of low back pain nor are there any muscle spasms noted on physical examination despite appearing in the diagnosis. Furthermore a prescription of 60 tablets with two refills does not indicate episodic usage. For these reasons this request for Soma is not medically necessary.