

<b>Case Number:</b>	CM14-0043977		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	06/26/1999
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	04/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 53-year-old male who reported an injury on 06/26/1999 secondary to an unspecified mechanism of injury. The injured worker was evaluated on 01/23/2014 for reports of chronic low back pain. The injured worker indicated his pain was decreased by medication and ice. The exam noted decreased range of motion to the back and all planes and tenderness to palpation of the lumbar paraspinal area. The diagnoses included postlaminectomy, and lumbosacral spondylosis. The treatment plan included a possible radiofrequency ablation. The injured worker has been prescribed Soma since at least 01/07/2014. The request for authorization and rationale for request were not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Goodman Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2006, and Non-MTUS website Physician's Desk Reference, 68th ed. www.RxList.com. Non-MTUS website ODG Workers Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm and Non-MTUS website drugs.com and Non-MTUS website Epocrates Online, www.online.epocrates.com and

Non-MTUS website Monthly Prescribing Reference, [www.empr.com](http://www.empr.com) and Non-MTUS website AMDD Agency Medical Directors' Group Dose Calculator, [www.agencymeddirectors.wa.gov](http://www.agencymeddirectors.wa.gov).

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

**Decision rationale:** The California MTUS Guidelines may recommend the use of muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in injured workers with chronic low back pain. The documentation provided indicates the injured worker has been prescribed muscle relaxants since at least 01/07/2014. The clinical notes indicate the provider's intended refill of the Soma prescription. The timeframe the injured worker has been prescribed muscle relaxants exceeds the recommended time frame to be considered short term. Furthermore, there is a significant lack of clinical evidence of evaluation of the efficacy of the prescribed medication. Furthermore, the request does not include the specific dosage frequency being prescribed. Therefore, due to the significant lack of clinical evidence of an evaluation of the efficacy of the prescribed medication, the timeframe of the injured worker being prescribed the medication exceeding the timeframe to be considered short term and the specific dosage frequency not being included in the request, the request for Soma 350 mg #90 is not medically necessary.