

<b>Case Number:</b>	CM14-0045183		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	08/19/2004
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	02/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2014

### 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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 54-year-old male who was reportedly injured on August 19, 2004. The mechanism of injury is not listed in the medical records provided for review. The most recent progress note dated March 19, 2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated a painful range of motion. Straight leg raising was positive bilaterally. Trigger points and muscle spasms were noted. Diagnostic imaging studies objectified degenerative changes in the lumbar spine. Facet hypertrophy was also noted. Previous treatment included multiple narcotic medications and muscle relaxant medications, transcutaneous electrical nerve stimulator unit and trigger point injections. A request had been made for a trigger point injections and was not certified in the pre-authorization process on February 21, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350MG, #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009), Carisoprodol Page(s): 29 of 127.

**Decision rationale:** The MTUS Chronic Pain Guidelines specifically recommends against the use of Soma and indicates that it is not recommended for long-term use. Based on the clinical documentation provided, the clinician does not provide a rationale for deviation from the MTUS Chronic Pain Guidelines. Furthermore, there was no noted efficacy with the location of this medication as the ongoing complaints of muscle spasm were noted. As such, the request is not medically necessary and appropriate.