

<b>Case Number:</b>	CM14-0049468		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	06/12/2013
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	03/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2014

### 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 Interventional Spine, and is licensed to practice in California. 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 patient is a 51 year old with an injury date on 6/12/13. Patient complains of constant pain/discomfort to cervical spine, increasing pain to lumbar with radiation to bilateral lower extremities per 2/20/14 report. Based on the 2/20/14 progress report provided by [REDACTED] the diagnoses are 1. C/S disc protrusion 2. L/S disc protrusion 3. Bilateral elbow s/sExam on 2/20/14 showed "tenderness to palpation to C/S with painful range of motion. Tenderness to palpation and spasm to L/S with painful and limited range of motion." Patient's treatment history includes physical therapy, MRI, X-rays, electro diagnostic studies. [REDACTED] is requesting soma (unable to verify strength/dosage/duration). The utilization review determination being challenged is dated 3/20/14. [REDACTED] is the requesting provider, and he provided treatment reports from 8/5/13 to 2/20/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma (unable to verify strength/dosage/duration/quantity): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol, Muscle Relaxants Page(s): 29, 63-66.

**Decision rationale:** This patient presents with neck pain, back pain, bilateral leg pain. The treater has asked for soma (unable to verify strength/dosage/duration) on 2/20/14. Patient has been taking Soma since 1/16/14. Regarding Soma, MTUS does not recommend for longer than a 2 to 3 week period. Abuse has been noted for sedative and relaxant effects. In this case, the patient has been taking Soma for a month, while guidelines only recommend for a 2-3 week period. The requested Soma is not indicated at this time. Recommendation is for denial.