

<b>Case Number:</b>	CM14-0070844		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	06/10/2009
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	05/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/16/2014

### 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 & Rehabilitation 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 female who reported injury on 06/10/2009. The injured worker was noted to undergo multiple MRIs of the lumbar spine as well as facet injections. The injured worker had x-rays of the lumbar spine. The injured worker additionally utilized epidural steroid injections and acupuncture. The specific mechanism of injury was not provided. Surgical history was noncontributory. The clinical documentation of 04/09/2014 revealed the injured worker had complaints of low back pain radiating to the left leg with burning and numbness. Physical examination revealed moderately antalgic gait favoring the left lower extremity. There was tenderness to palpation and paraspinal spasms in the lower lumbar spine much worse on the left than the right. The straight leg raise was positive at 60 degrees on the left. There was diminished sensation to light touch over the dorsum of the left foot when compared to the right. There was 4+/5 strength in the left extensor hallucis longus (EHL). The deep tendon reflexes were 1+ at the bilateral knees and 1+ at the right ankle and absent on the left ankle. The diagnosis included lumbar spine sprain/strain with left L5 radiculopathy. The treatment plan included a referral for orthopedic spine surgery, a psychology consult for depression, and a continuation of medications including Tylenol No. 3 one every 6 hours as needed for severe breakthrough pain, Celebrex 200 mg 1 tablet by mouth twice a day as needed for pain and inflammation #90, and Soma 350 mg 1 by mouth twice a day as needed for spasms. The injured worker indicated that she found relief with Tylenol with Codeine and Soma on a daily basis but that she needed to limit consumption of the medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg #60:** Upheld

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

**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. Their use is recommended for less than 3 weeks. The clinical documentation submitted for review failed to provide the duration of use. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation of objective functional benefit received from the medication. Given the above, the request for Soma 350 mg #60 is not medically necessary.