

<b>Case Number:</b>	CM14-0094838		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	01/04/2007
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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 Family Practice 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 injured worker is a 58 yr. old male claimant who sustained a work injury on 1/4/07 involving the back and wrists. He was diagnosed with sciatic nerve injury, lumbar facet pain, and right wrist pain. A progress note on 12/2/13 indicated the claimant had pain in the involved area. He had completed therapy. Examination was notable for tenderness in the lumbar and hip region with reduced range of motion. There was sensory loss in the left calf. His symptoms were managed with Lyrica, Celebrex, Soma, Norco and Cymbalta. A progress note on 2/27/14 indicated his pain was 7/10 and remained on the above medications. A progress note on 5/1/14 indicated the claimant's pain had been managed with Hydrocodone, SOMA and Tizanidine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350 mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carsiprodolol Page(s): 29, 65.

**Decision rationale:** According to the MTUS guidelines, SOMA is not recommended for long-term use. It is a muscle relaxant and has no benefit over NSAIDs. It can augment other

medications such as alcohol or opioids and have a heroin like effect. Intoxication includes decreased cognitive function. It is not recommended for longer than a 2 to 3 week period. The claimant had been on the SOMA for several months without significant improvement in pain. Soma is therefore not medically necessary.