

<b>Case Number:</b>	CM14-0098732		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	12/16/2009
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	06/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2014

### 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 Pain Medicine and is licensed to practice in Texas and Ohio. 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 male 51 year-old male who reported a work related injury on 12/16/2009. The mechanism of injury was not provided in documentation provided for review. The diagnoses consist of lumbar strain, lumbar spine discogenic disease, tedinopathy, right shoulder strain, impingement and rotator cuff tear, anxiety, depression, and sleep disturbance secondary to pain. The injured worker's treatment has consisted of physical therapy, urine toxicology, and medication. The diagnostic procedures consisted of a urine toxicology, MRI that revealed loss of signal at L4-5 and a slight disc protrusion of the left midline extending into the left foramen. The physician's progress not on 05/08/2014 noted pain in the lower back and right shoulder/arm. On a VAS scale the injured worker rated pain as an 8 out of 10 which had remained the same as last visit. Objective findings were tenderness to the palpation of the right shoulder with restricted range of motion and impingement and supraspinatus signs were positive. There was also tenderness to the right arm. The medications prescribed consisted of Soma, Norco, temazepam, and Lisinopril. The treatment plan was physical therapy, a urine toxicology test, and soma. The request for authorization for was submitted for review on 05/08/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg #45 TID 2 Units as needed:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-65.

**Decision rationale:** The California MTUS notes that muscle relaxants for pain are recommended in certain situations, such as patients with chronic low back pain as a second-line option for short-term treatment of acute exacerbations. The guidelines also note that Soma is not recommended for long-term use due to its adverse effects and high rate of abuse. Use should be limited to 2-3 weeks. Although the injured worker is experiencing low back pain, within the documentation it is noted that the injured worker was prescribed Soma on 05/08/2014, the guidelines recommend Soma for a duration of 2-3 weeks. However, the patient has already been prescribed the medication for a period of 2-3 weeks. An additional prescription of Soma 350mg #45 TID 2 Units would exceed the length of recommended usage per the guidelines. Therefore, for the request for Soma 350mg #45 TID 2 Units is not medically necessary.