

<b>Case Number:</b>	CM14-0105774		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	06/24/1999
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 65 year old male, who sustained an industrial injury on 6/24/99. The injured worker was diagnosed as having shoulder joint pain, lower leg pain, cervical disc degenerative disc disease, bulging lumbar disc and cervicalgia. Treatment to date has included cervical spine fusion, right knee replacement, right shoulder replacement, oral medications including Norco, Soma and Ambien, physical therapy and home exercise program. Currently, the injured worker complains of continued neck, shoulder, low back and bilateral knee pain rated 6/10 without pain medications. He notes his pain medications allow him to remain active. He is not working. Physical exam noted slow ambulation with a steady gait, decreased range of motion of right shoulder, decreased range of motion of right knee and sensory deficits in right upper extremity and right lower extremity C6-7 dermatomes and L5-S1 dermatomes. A request for authorization was submitted for Soma, Norco, Ambien and Relafen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg, #15:** Upheld

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

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

**Decision rationale:** According to MTUS guidelines, a non sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. According to the provided file, the patient was prescribed Soma since at least November 2013 without clear evidence of spasm or functional improvement. There is no justification for prolonged use of Soma. Therefore, the request for SOMA 350mg #15 is not medically necessary.