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| <b>Case Number:</b>   | CM14-0196562 |                              |            |
| <b>Date Assigned:</b> | 12/04/2014   | <b>Date of Injury:</b>       | 06/24/2010 |
| <b>Decision Date:</b> | 01/22/2015   | <b>UR Denial Date:</b>       | 11/18/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/24/2014 |

### 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 Occupational Medicine and is licensed to practice in Iowa. 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 41 year-old female with a date of injury of 6/24/2010. A review of the medical documentation indicates that the patient is undergoing treatment for low back and right lower extremity pain. Subjective complaints (10/13/2014) include pain in the lumbar region and right lower extremity. Objective findings (10/13/2014) include tenderness to palpation of the right hip (SI joint) and positive straight leg test on right. Diagnoses include other unspecified back disorders, displacement of lumbar intervertebral disc, lumbago, and sacroiliitis. The patient has undergone studies to include MRI, which was indicated as reviewed in the UR, but records were not available for review. The patient has previously undergone joint injections (sacroiliac and L5-S1 transforaminal ESI), medications, and radiofrequency neurotomy. A utilization review dated 11/11/2014 did not certify the request for Soma 350 mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg #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 Medications for chronic pain, Antispasmodics, Muscle relaxants (for pain), Carisoprodol

Page(s):. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle Relaxants

**Decision rationale:** Soma is a muscle relaxant class medication. According to MTUS guidelines, muscle relaxants are recommended for chronic pain for a short course of therapy for acute exacerbations. Muscle relaxants may be effective in reducing pain and muscle tension, but in most back pain cases they show no benefit beyond NSAIDs. Evidence indicates the greatest effect is seen in the first 4 days of treatment. MTUS also states that pain relief is generally temporary, and continued evaluation should include documentation improvement in function and increased activity. ODG also states that a short course of therapy is recommended, and that this medication should not be used with other agents. Both MTUS and ODG state that Soma is not recommended, due to the main effect of generalized sedation and treatment of anxiety and potential for abuse. The medical documentation indicates the patient has been on this medication for an extended period of time, exceeding the short-term recommendation for treatment length. The treating physician has provided statements that the patient has shown medication functional gains to include assistance with job duties, ADLs, mobility, and restorative sleep, as well as reduction in pain of 40-50%. It is not clear which medications have led to this reduction, as they are not discussed separately. The patient is also on other chronic pain medication, which is not recommended in conjunction with muscle relaxants. Although the patient does appear to have some improvement in function globally, there is a lack of appropriate detail and Soma is not a recommended muscle relaxant, and should not be used in combination therapy, per guidelines. Therefore, request for Soma 350 mg #30 is not medically necessary.