

<b>Case Number:</b>	CM14-0202444		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	10/21/2004
<b>Decision Date:</b>	01/31/2015	<b>UR Denial Date:</b>	11/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2014

### 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 Utah. 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 57 year-old female. The patient's date of injury is 10/21/2004. The mechanism of injury is not stated. The patient has been diagnosed with right knee pain, chronic post-op pain, and other acquired deformity of the knee. The patient's treatments have included a cane/walker, imaging studies, and medications. The physical exam findings dated 8/12/2014 states the patient walks with a cane. There is also tenderness over both medial and lateral aspects of the right knee, a decreased ROM right knee to -8 degrees to 94 degrees. The patient's medications have included, but are not limited to, Norco, Tramadol, Butrans patch, Omeprazole and Soma. The request is for Soma. This medication has been used since at least Feb, 2014. The document states that Soma helps with her muscle spasms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Soma. MTUS guidelines state the following: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The clinical records lack documentation that this medication is to be used for a short term treatment. This medication is not recommended for long-term usage. According to the clinical documentation provided and current MTUS guidelines; Soma is not indicated as a medical necessity to the patient at this time.