

<b>Case Number:</b>	CM14-0217430		
<b>Date Assigned:</b>	02/10/2015	<b>Date of Injury:</b>	10/20/2012
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/29/2014

### 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: Utah, Arkansas  
 Certification(s)/Specialty: Family Practice

### 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 48 year old female, who sustained an industrial injury on 10/20/12. On 12/29/14, the injured worker submitted an application for IMR for review of Soma 350mg #15. The treating provider has reported the injured worker complained of neck, right shoulder and low back pain indicating pain is radiating to bilateral arms with numbness and tingling. The diagnoses have included cervicalgia. Treatment to date has included MRI Arthrogram right shoulder (1/22/13), MRI cervical spine (1/22/13), pelvic US/CT abdomen and pelvis (3/7/13), chest x-ray (6/1/12), CT brain (6/1/12), CT angiography chest (6/1/12), evidence of prior injury scans in the case file. On 12/22/14 Utilization Review non-certified Soma 350mg #15. The ODG Guidelines were cited.

### 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:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Guidelines, page(s) 41-42, 63-66.

**Decision rationale:** MTUS guidelines state the following: Soma is indicated for as an option for use in short course of therapy. Efficacy is greatest in the first four days of treatment with this medication. MTUS states that treatment course should be brief. It is recommended to be used no longer than 2-4 weeks. According to the clinical documents, the Soma requested is not being used for short term therapy. According to the clinical documentation provided and current MTUS guidelines; Soma is not indicated a medical necessity to the patient at this time.