

<b>Case Number:</b>	CM15-0005915		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	07/05/2013
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	01/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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: California, Indiana, New York  
 Certification(s)/Specialty: Internal 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 37 year old male, who sustained a work/ industrial injury as a product technician on 7/5/13. Mechanism of injury was not documented. He has reported symptoms of low back pain, rated 4/10 with medication and 6/10 without. The diagnoses have included L4-5 disc herniation, right paracentral, with severe lateral recess stenosis, L5-S1 disc displacement with moderate lateral recess stenosis, and L4-S1 facet arthropathy and disc degeneration. Treatment to date has included medial branch block at L4-5 and L5-S1 on 11/24/14, two epidural steroid injections that resolved the leg symptoms, physical therapy, rest lifestyle modification, and medications. Physical exam noted palpable tenderness over the midline lower lumbar spine as well as over the bilateral lumbar paravertebral musculature, pulses were present, and decreased sensation over the left L3, 4, 5 and S1 dermatome distribution, range of motion limitations, and straight leg raise as negative at 90 degrees. On 2/1/14 a Magnetic Resonance Imaging (MRI) of the lumbar spine noted L4-5 disc herniation, right paracentral, with severe lateral recess stenosis; L5-S1 disc displacement with moderate lateral recess stenosis; L4-S1 facet arthropathy/disc degeneration. On 1/5/15, Utilization Review non-certified Soma 350 mg 1 po tid #90, noting the Medical treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg #90 1 3 times a day:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63,64,65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Pain section, Muscle relaxants

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Soma 350 mg one tablet PO TID #90 is not medically necessary. Muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are L4-L5 disc herniation, right paracentral, with severe lateral recess stenosis; L5-S1 disc displacement with moderate lateral recess stenosis; and L4-L5 facet arthropathy, disc degeneration. Subjectively, the injured worker complains of low back pain 5.5/10 without medications and 3.5/10 with medications. Objectively, there is tenderness palpation over the paravertebral muscle bilaterally. There is no lumbar spasm noted. The documentation indicates Soma was prescribed as far back as July 24, 2014. The documentation indicates his was a refill. The start date for Soma is unclear. The documentation did not contain evidence of objective functional improvement to gauge Soma's efficacy. Additionally, Soma is indicated for short-term (less than two weeks) treatment of acute low back pain and short-term treatment of acute exacerbations in patients chronically back pain. The treating physician clearly exceeded the recommended guidelines. Consequently, absent clinical documentation to support the ongoing use of Soma in contravention of the recommended guidelines (less than two weeks), Soma 350 mg one tablet PO TID is not medically necessary.