

<b>Case Number:</b>	CM15-0134239		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	07/01/2008
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	07/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2015

### 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 48 year old female who sustained an industrial injury on 07/01/08. Initial complaints and diagnoses are not available. Treatments to date include medications, spinal fusion, multiple paraspinal operations, and foot surgery. Diagnostic studies are not addressed. Current complaints include increasing pain in the back and bilateral lower extremities, as well as muscle spasms. Current diagnoses include residual lower extremity pain and weakness, bilateral knee and left elbow ecchymosis and abrasions, persistent epigastric pain, anxiety, depression, and generalized distress. In a progress note dated 06/16/15 the treating provider reports the plan of care as a CT scan aggressive lumbosacral stabilization program for the thoracolumbar and lumbosacral spine, scan of the thoracolumbar spine, and medications including Norco, Soma, Voltaren, and Prilosec. The requested treatment includes Soma.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg Qty: 60.00: 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 Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Soma 350mg #60 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for 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 status post inter-transverse fusion T 12 - L1 with placement of pedicle screw fixation; residual lower extremity pain and weakness; bilateral knee ecchymoses and abrasions; persistent epigastric pain, anxiety, depression. The date of injury is July 1, 2008. The request for authorization is dated July 3, 2015. The earliest progress note of the medical records containing a Soma 350 mg prescription is dated August 1, 2014. The start date is unclear based on the medical record documentation. Subjectively, the injured worker complains of mid and low back pain and bilateral knee pain. According to the utilization review, Soma was modified April 13, 2015 with a downward modification and a second modification on June 9, 2015. Weaning should have been completed at that time. On June 16, 2015, the treating provider again requests Soma 350 mg. Soma is recommended for short-term (less than two weeks). There are no compelling clinical facts supporting the ongoing use of Soma according to the recommended guidelines. Consequently, absent clinical documentation demonstrating objective functional improvement and treatment continued well in excess of the recommended guidelines (at a minimum 10 months), Soma 350mg #60 is not medically necessary.