

<b>Case Number:</b>	CM15-0136399		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	06/17/2013
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	06/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 34 year old female, who sustained an industrial injury on 6/17/13. She reported pain in her neck, back, left shoulder and knee. The injured worker was diagnosed as having chronic thoracolumbar myofascial pain syndrome, pain and weakness of the left leg, left shoulder sprain, left ankle sprain and bilateral carpal tunnel syndrome. Treatment to date has included an EMG study, a lumbar MRI on 7/7/14, left knee arthroscopy on 5/19/15, Norco, Anaprox and Soma since at least 4/20/15. As of the PR2 dated 6/7/15, the injured worker reports frequent neck pain and constant upper and lower back pain. She rates her pain a 5-6/10 without medications and 2-3/10 with medications. Objective findings include decreased cervical, left shoulder and thoracic spine range of motion. The treating physician requested to continue Soma 350mg #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg quantity 120.00:** 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 Soma  
Page(s): 29.

**Decision rationale:** According to MTUS guidelines, a non sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. According to the provided file, the patient was prescribed Soma for a long time without clear evidence of spasm or exacerbation of neck, shoulder and lumbar pain. There is no justification for prolonged use of Soma. The request for Soma 350mg quantity 120.00 is not medically necessary.