

<b>Case Number:</b>	CM15-0021965		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	05/09/2014
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	01/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 male who reported injury on 05/09/2014. The mechanism of injury was a motor vehicle accident. The injured worker's medications included muscle relaxants as of 05/2014. The injured worker had utilized physical therapy and a TENS unit. There was a Request for Authorization submitted for review dated 01/06/2015 including Soma 350 mg, massage therapy and a Medrol Dosepak. The documentation of 01/05/2015 revealed the injured worker had 2 to 3 episodes a day of aching and stabbing right shoulder interscapular pain. The injured worker had 1 to 2 episodes a day of aching sharp low back pain accompanied by weakness and 4 to 5 episodes per month of back spasms. The injured worker had decreased strength. The injured worker underwent an MRI of the lumbar spine and an MRI of the right shoulder. The documentation indicated the injured worker had tried a course of conservative management and had taken muscle relaxants, chiropractic care, and physical therapy. The treatment plan included Soma 350 mg 1 tablet by mouth twice a day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 Soma 350mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time. The clinical documentation submitted for review failed to indicate objective functional benefit. Additionally, the documentation indicated the injured worker had spasms 5 times per month which would not support the necessity for 60 tablets. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for 60 Soma 350 mg is not medically necessary.