

<b>Case Number:</b>	CM15-0033956		
<b>Date Assigned:</b>	02/27/2015	<b>Date of Injury:</b>	08/11/2006
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	01/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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 York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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:

This male injured worker sustained an industrial injury on August 11, 2006. There was no mechanism of injury documented. The injured worker is status post anterior cervical discectomy and fusion at C3-C7 on Mar 22, 2010, C6-C7 foraminal decompression and fusion on April 27, 2011, posterior spinal fusion at C3-C4 and C4-C5 with laminotomy/foraminotomy on February 20, 2012 and lumbar laminectomy L2-L5 on August 23, 2010. The injured worker is diagnosed with chronic pain syndrome, cervical radiculopathy, S1 radiculopathy, neuropathic pain in the bilateral upper and lower extremities and cervicogenic headaches. According to the primary treating physician's progress report on January 7, 2015 the injured worker continues to experience constant headaches and neck pain radiating into the right upper extremity and low back pain that radiates to the right lower extremity with numbness and tingling. The physician noted that Percocet had been denied and therefore will switch the injured worker to Norco for pain. Medications currently used by the injured worker are documented as narcotics, non-steroidal anti-inflammatory drugs (NSAID's), antispasmodic medications and muscle relaxants. Treatment modalities consist of a home exercise program and medication. The treating physician requested authorization for Soma 350mg QTY: 60. On January 22, 2015, the Utilization Review denied certification for Soma 350mg QTY: 60. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg QTY: 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-78, 88, 91, 29,78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

**Decision rationale:** Soma is not recommended for chronic pain or long-term use. In this case, Soma has not been taken for two months and previous requests were only certified for weaning. Thus, at this point in time, the request for Soma 350 mg #60 is not medically necessary and appropriate.