

<b>Case Number:</b>	CM15-0045417		
<b>Date Assigned:</b>	03/17/2015	<b>Date of Injury:</b>	08/24/2012
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	02/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 46 year old female, who sustained an industrial injury on August 24, 2012. She reported being a passenger in a car that was rear-ended. The injured worker was diagnosed as having cervical and lumbar pain, myofascial restrictions, fear based avoidance of activity, and mild depression. Treatment to date has included physical therapy, traction, TENS, massage, exercise program, acupuncture, aquatic therapy, chiropractic treatments, and medication. Currently, the injured worker complains of pain in the neck, upper back, lower back, and right buttocks. The Treating Physician's report dated February 4, 2015, noted the injured worker's pain present 75% to 100% of the time, described as shooting, aching, stabbing, sharp, dull, and burning. Current medications were listed as Skelaxin, Soma, Meloxicam, Singulair, Melatonin, Fluticasone spray, Ventolin spray, Magnesium Tartrate, Deep Blue Rub, Multivitamin, and Fish Oil. The injured worker was noted with 75% range of motion (ROM) of the cervical and lumbar spine, and 25% in the thoracic spine, with a lot of muscular stiffness and tenderness and poor body posture mechanics. The injured worker was noted to have had her medications recently denied, finding herself quite distraught and pain focused without her Skelaxin or Soma. The Physician recommended participation in the HELP Pain Medical Network Interdisciplinary Pain Rehabilitation Program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Skelaxin 800mg #40:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Skelaxin Page(s): 61.

**Decision rationale:** According to the guidelines, Skelaxin is recommended with caution as a second-line option for short-term pain relief in patients with chronic LBP. In this case, the claimant had been on Skelaxin for over 2 years in combination with NSAIDs and SOMA. Continued and chronic use of Skelaxin is not medically necessary.

**Soma 350mg #40:** Upheld

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

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

**Decision rationale:** According to the MTUS guidelines, SOMA is not recommended. Soma is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Abuse has been noted for sedative and relaxant effects. As a combination with hydrocodone, an effect that some abusers claim is similar to heroin. In this case, it was combined with Skelaxin for years, which increases side effect risks and abuse potential. The use of SOMA is not medically necessary.