

<b>Case Number:</b>	CM15-0048196		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	01/16/2000
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2015

### 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 51-year-old female, who sustained an industrial injury on January 16, 2000. She has reported back pain, left leg and foot pain, neck pain, headache, and right arm and hand pain. Diagnoses have included myalgia/myositis, muscle spasms, cervical spine failed back surgery syndrome, chronic pain, lower back pain, and radiculitis secondary to lumbar spine intervertebral disc displacement. Treatment to date has included medications, acupuncture, neck surgeries, right shoulder surgery, home exercise, trigger point injections, and imaging studies. A progress note dated February 5, 2015 indicates a chief complaint of upper and lower back pain, bilateral flank pain, arm pain, leg pain, neck pain, and head pain. The treating physician documented a plan of care that included medications and trigger point injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg #15:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-66, 29.

**Decision rationale:** This patient presents with back, left leg and foot pain, neck pain, headaches, and right arm and hand pain. The request is for SOMA 350mg #15 on 02/09/15 per utilization review letter dated 02/17/15. RFA is not available. The patient is currently unemployed per 02/05/15 report. MTUS Soma page 29 states, "Not recommended. This medication is not indicated for long term use." MTUS Muscle relaxants for pain, pages 63-66 state that this formulation is recommended for no longer than 2-3 weeks. Review of reports shows that the patient has been taking this medication since 07/08/14. MTUS recommends requested Soma only for a short period, no longer than 2-3 weeks. Therefore, the request IS NOT medically necessary.