

<b>Case Number:</b>	CM14-0123673		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	01/10/2007
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	07/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 68-year-old female who reported an injury on 01/10/2007. The mechanism of injury was not stated. Current diagnoses include lumbar degenerative disc disease, lumbar facet arthropathy, and postlaminectomy syndrome. Previous conservative treatment is noted to include medication management. The latest physician progress report submitted for this review is documented on 06/17/2014. The injured worker presented with complaints of persistent lower back pain and left knee pain. The current medication regimen includes Bupap, alprazolam, gabapentin, Ambien, and hydrocodone. Physical examination revealed painful lumbar range of motion, tenderness to palpation of the left knee, and mild swelling of the left knee. Treatment recommendations at that time included continuation of the current medication regimen. There was no Request for Authorization form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg #30 with 3 refills:** 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 Page(s): 63-66.

**Decision rationale:** California TMUS Guidelines state muscle relaxants are recommended as non-sedating second-line options for short-term treatment of acute exacerbations. There was no documentation of palpable muscle spasm or spasticity upon physical examination. There was also no frequency listed in the request. As such, the request is not medically appropriate.