

<b>Case Number:</b>	CM14-0123704		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	08/27/2007
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	07/03/2014
<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 Family Practice and is licensed to practice in Mississippi and Texas. 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 32-year-old male who reported an injury on 08/27/2007. The mechanism of injury was not submitted for clinical review. The diagnoses included chronic pain syndrome, spasms of muscle, thoracic or lumbosacral neuritis or radiculitis, degeneration of lumbar or lumbosacral intervertebral disc, sacroiliitis, and lumbago. His treatments included medications, heat, ice, rest, stretching, and home exercise. The clinical note dated 06/30/2014 reported the injured worker complained of low back pain. He rated his pain 6/10 in severity. Upon the physical examination, the provider noted the injured worker to have tenderness and tightness over the lumbosacral area and buttock. The provider requested Soma. However, the rationale is not submitted for clinical review. The Request for Authorization was not submitted for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg P.O BID #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63, 64.

**Decision rationale:** The request for Soma 350mg P.O BID #60 is not medically necessary. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment with acute exacerbation in patients with chronic low back pain. The guidelines note the medication is recommended to be used for no longer than 2 to 3 weeks. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. Additionally, the injured worker has been utilizing the medication since 06/2014, which exceeds the guidelines recommendation of short term use. Therefore, the request is not medically necessary.