

<b>Case Number:</b>	CM14-0128651		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	03/12/2004
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 51-year-old female who reported an injury on 03/12/2004. The mechanism of injury was not provided. The injured worker's medications included Duragesic, Norco, Soma, Valium, Elavil, Lunesta, and Zanaflex. Prior therapies included a stellate ganglion block for complex regional pain syndrome (CRPS). The injured worker was noted to undergo urine drug screens. The diagnostic studies were not provided. The documentation dated 08/05/2014 revealed the injured worker had pain in the right arm that was worse. The injured worker was unable to sleep was noted to have muscle spasms and was put on diazepam and Soma for control of muscle spasms. The diagnoses included CRPS right upper extremity and myofascial spasm. The injured worker had right upper extremity edema with coolness to touch and allodynia. The injured worker had tenderness to palpation at the cervical spine and positive facet loading. The injured worker had myofascial spasms in the upper and mid low back. There was no Request for Authorization submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350 #90:** 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 Muscle Relaxants Page(s): 63.

**Decision rationale:** The California MTUS Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute pain. Their use is recommended for less than 3 weeks. The clinical documentation submitted for review indicated the injured worker had utilized the medication for an extended duration and it was noted to be a current medication. There was a lack of documented objective functional benefit for the requested medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Soma 350 mg #90 is not medically necessary.