

<b>Case Number:</b>	CM14-0098109		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	11/29/2010
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	06/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2014

### 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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 64 year-old female who reported an injury on 11/29/2010 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to her lumbar spine and left hand. The injured worker's treatment history included physical therapy, medications, and injections. The most recent clinical evaluation submitted for review was a Qualified Medical Examiner's Report dated 01/20/2014. An extensive review of the injured worker's treatment history was provided, however, no physical evaluation or current treatment was noted. A request was made for Soma 350 mg #90. However, no justification for the request was provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg #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 clinical documentation failed to provide any recent deficits that require medication management. California MTUS does recommend the use of Soma for short durations

of treatment not to exceed 2-3 weeks for acute exacerbations of chronic pain. However, due to a lack of documentation, the appropriateness of this medication cannot be determined. Additionally, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Soma 350mg #90 is not medically necessary.