

<b>Case Number:</b>	CM14-0204102		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	08/04/2010
<b>Decision Date:</b>	02/03/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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 Internal 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 (IW) is a 58-year-old woman with a date of injury of August 4, 2010. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are lumbago; lumbar degenerative disc disease; lumbar facet arthropathy; and sciatica. Pursuant to the progress reports dated October 15, 2014, the IW complains of flare-up of her low back pain with radiation to the bilateral buttocks and occasionally to her bilateral thigh. Repetitive bending, stopping, and reaching while at work exacerbate the pain. She also reports worsening shoulder pain. She reports good benefit from her Soma for her muscle spasms, which are worse at night, especially with lying supine. Physician examination reveals the IW ambulates with a steady gait without the use of devices. There is tenderness in the lower back. Facet loading test is positive bilaterally. There are positive sensory deficits in the L4-L5 dermatomes bilaterally. She has decreased range of motion due to pain. Current medications include Butrans patch, Mobic 7.5mg, Soma 350mg, Voltaren gel 1%, and Norco 10/325mg. The documentation indicates the IW was taking Flexeril (a muscle relaxant) in June 2014 according to a progress note dated June 17, 2014. A Flexeril renewal was denied and the IW was switched to Soma. The documentation does not contain evidence of objective functional improvement. The current request is for Soma 350mg #15.

### 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 Page(s): 29.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65-66.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Soma 350 mg #15 is not medically necessary. Muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are lumbago; lumbar degenerative disc disease; lumbar facet arthropathy; and sciatica. The documentation indicates the injured worker was taking Flexeril (a muscle relaxant) in June 2014 according to a progress note dated June 17, 2014. A Flexeril renewal was denied and the injured worker was then switched to Soma June 2014. The documentation does not contain evidence of objective functional improvement. The guidelines recommend short-term use (less than two weeks) and the treating physician clearly exceeded the recommended guidelines for Soma use. Consequently, absent the appropriate clinical documentation in terms of compelling clinical facts to support the ongoing use and contravention of the recommended guidelines (less than two weeks) use, Soma 350 mg #15 is not medically necessary.