

<b>Case Number:</b>	CM14-0219262		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	08/11/2006
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 male, who sustained an industrial injury on 08/11/2006. In a secondary treating visit note dated 11/12/2014 he is reported with subjective complaints of frequent headache. He also complains of constant neck pain that radiates to bilateral upper extremities. In addition, he complains of low back pain that radiates into the right lower extremity and is associated with sharp pain. Documentation showed weekly chiropractic visits for a total of 8 sessions. Physical examination found the cervical spine showing decreased range of motion by 80 percent. Surling's test and cervical compression test are positive bilaterally. The lumbar spine revealed decreased range of motion also by 80 percent. straight leg raise and Braggard's tests are positive bilaterally. Sensory exam in the upper extremities revealed decreased sensation along the right C6 and C7 dermatomes. Sensory exam to the lower extremities also showed decreased sensation along the right L4 and L5 dermatomes. Deep tendon reflex is noted one plus in the brachioradialis and triceps on the right as well as in the patella tendon and tendo-Achilles on the right. He is diagnosed with chronic pain syndrome with severe breakthrough pain; a 3mm protrusion at C3-4 and 2mm protrusion at bilateral neural foraminal stenosis; mid left C4-5 neural foraminal stenosis secondary to bone spur; status post anterior cervical discectomy with fusion at C3-C7 03/22/2010; status post posterior spinal fusion at C3-4 and C4-5 with laminotomy/foraminotomy 02/20/2012; status post lumbar spine laminectomy and discectomy; right greater than left upper extremity cervical radiculopathy; status post lumbar laminectomy at L2-5 08/23/2010; right S-1 radiculopathy per electrodiagnostic study; psuedoarthritis at C3-4 with left neural foraminal stenosis; status post C6-7 foraminal

decompression and fusion; neuropathic pain in the bilateral upper and lower extremities; insomnia and cervicogenic headaches. The following are prescribed medications; Neurontin, Soma, and Percocet 10/325. On 12/05/2014 Utilization Review non-certified the refill for Soma noting the Chronic Pain Medical Treatment MTUS. On 12/31/2014 IMR application was received requesting medication Soma.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Soma 350mg #60 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Pain section, Muscle relaxants

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Soma 350 mg #60 with one refill is not medically necessary. Muscle relaxants are 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, of the injured worker's working diagnoses are as chronic pain syndrome with severe breakthrough pain; 3 mm disc protrusion at C3-C4 and 2 mm disc protrusion at C5-C6 with mild bilateral neural foraminal stenosis; mild left C4-C5 neural foraminal stenosis secondary to bone spur; status post anterior cervical discectomy and fusion at C3-C7 on 3/22/10 with residuals; status post spinal fusion at C3-C4 and C4-C5 with laminotomy/foraminotomy on 2/20/12 with residuals; status post lumbar spine laminectomy and discectomy with residuals; right greater than left extremity cervical radiculopathy; status post lumbar laminectomy at L2-L5 on 8/23/10 with residuals; right S1 radiculopathy as per electrodiagnostic studies; pseudoarthritis at C3-C4 with left neural foraminal stenosis; status post C6-C7 foraminal decompression and fusion on 4/27/11 with residuals; neuropathic pain in the bilateral upper and lower extremities; insomnia; and cervicogenic headaches. The medical record is a 21-page document. Subjectively (in a sole progress note dated November 12, 2014), the injured worker complains of frequent headaches, neck pain and low back pain. Pain radiates to the right lower extremity. Objectively, cervical spine range of motion is decreased by 80%. Lumbar spine range of motion was decreased by 80%. Straight leg raising is positive bilateral. There is decreased sensation along the L5 and S1 dermatomes. The documentation does not contain physical evidence of muscle spasms. There is no start date for Soma. Muscle relaxants are indicated for short-term (less than two weeks) treatment of acute low back pain. Soma is not indicated for long-term use. The documentation does not contain the length of time the injured worker has been taking Soma. There is no documentation with objective functional improvement. Consequently, absent clinical documentation to support the ongoing use of Soma, Soma 350 mg #60 with one refill is not medically necessary.