

<b>Case Number:</b>	CM15-0007480		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	06/14/2006
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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 (IW) is a 59 year old who sustained an industrial injury on 06/14/2006. He has reported severe lower back pain and multiple somatic complaints including sedation with OxyContin. The diagnoses have included chronic pain, lumbar spinal stenosis, opioid dependence, high blood pressure, spondylolisthesis L5-S1, status post decompression and fusion L3-4 L4-5 and status post lumbar fusion L3-L4, L4-5. Treatment to date has included surgery and medications. Currently, the IW complains of severe low back pain. He has an antalgic gate with tenderness and reduced and painful range of motion. He walks with a single point cane. Paraspinal muscles are tender to palpation, and there is diminished sensation on the right L4-S1 roots. Motor function was intact bilaterally. Plans for treatment include refills of oral medications of Percocet, Trazodone, Soma and Valium. A switch to Opana ER is planned as a rotation from OxyContin due to IW's report of sedation with OxyContin. A request for physical therapy is pending. On 01/12/2015 Utilization Review non-certified a request for Soma 350mg #120, noting the Soma is not indicated for long-term use. The MTUS, Chronic Pain-Muscle Relaxant Guidelines were cited. On 01/13/2015, the injured worker submitted an application for IMR for review of the non-certified items.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg #120:** Upheld

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

**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 #120 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 chronic pain; lumbar spinal stenosis; opioid dependence; HTN; spondylolisthesis L5-S1; and status post decompression and fusion L3-L4. Subjectively, the injured worker complains of low back pain and sedation with OxyContin. Objectively, there is tenderness to palpation in the paraspinal lumbar muscles. Range of motion is limited. There is diminished sensation at the right L4-S1 nerve roots area motor examination is Bilaterally is no documentation of lumbar muscle spasm. The documentation indicates Soma 350 mg was prescribed on March 26, 2014. It is unclear whether this is a refill or the start date. The documentation does not contain evidence of objective functional improvement associated with ongoing, long-term use of Soma. Soma is indicated for short-term (less than two weeks) use. There is no evidence on physical examination of muscle spasm in the lumbar paraspinal muscle groups. Consequently, absent clinical documentation with evidence of objective functional improvement, clinical evidence of muscle spasm in contravention of the short-term recommendations for short-term use (less than two weeks), Soma 350 mg #120 is not medically necessary.