

<b>Case Number:</b>	CM15-0102108		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	07/05/2008
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	04/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 43-year-old female, who sustained an industrial injury on 7/5/2008. Diagnoses have included degeneration of cervical disc, lesion of ulnar nerve, spinal stenosis and pain in thoracic spine. Treatment to date has included magnetic resonance imaging (MRI), cervical epidural steroid injection and medication. According to the progress report dated 3/31/2015, the injured worker complained of chronic neck, upper extremity and low back pain. She reported that she did have some benefit from cervical epidural steroid injection, which lasted only for a couple weeks. She complained of persistent neck pain that radiated into her upper back along with muscle spasms. Exam of the cervical spine revealed tenderness to palpation along the cervical facet joints bilaterally with muscle tension extending into the bilateral upper trapezius muscles right greater than left. Range of motion of the cervical spine was decreased. Axial loading of the cervical facet joints was positive for pain. The injured worker was permanent and stationary with permanent disability. Authorization was requested for Soma.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg #0:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63 and 65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-65.

**Decision rationale:** The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore the request is not certified. Therefore, the requested treatment is not medically necessary.