

<b>Case Number:</b>	CM15-0119371		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	10/19/2004
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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 is a 63 year old female, who sustained an industrial injury on October 19, 2004. Treatment to date has included lumbar epidural steroid injection, and medications. Currently, the injured worker reports that she had very good relief in back pain and leg pain from a lumbar epidural steroid injection received previously. She does report greater pain in the upper lumbar and thoracic levels. On physical examination the injured worker was uncomfortable and shifter positions frequently. She has normal curvature of the back and had diffuse tenderness over the lumbosacral area. She had positive straight leg raise in the right lower extremity and left lower extremity. The diagnoses associated with the request include thoracic or lumbosacral neuritis or radiculitis, degeneration of the lumbar intervertebral disc, pain in joint, lumbago, myalgia and myositis, spasm of muscle, and chronic pain syndrome. The treatment plan includes continuation of Morphine sulfate, Soma and mentholatum pain gel.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 250 mg #90:** Upheld

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

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

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Soma 250mg #90 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for 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 thoracic or lumbosacral neuritis or radiculitis unspecified; degeneration lumbar or lumbosacral intervertebral disc; pain in joint multiple sites; lumbago; myalgia and myositis unspecified; spasm of muscle; other pain disorders related to psychological factors; and atrial fibrillation. Date of injury is October 19, 2004. The request for authorization was dated June 11, 2015. The most recent progress note in the medical record is dated April 6, 2015. There is no contemporaneous clinical documentation on or about the date of request for authorization. In the April 6, 2015 progress note, there is no subjective or objective documentation. Additionally, the Soma 250 mg start date is October 14, 2014. The treating provider continued to prescribe Soma in excess of three months. The guidelines recommend short-term (less than two weeks). There is no documentation in the medical record of acute low back pain or an acute exacerbation of chronic low back pain. Consequently, absent clinical documentation demonstrating objective functional improvement, continued Soma use in excess of six months and documentation indicating acute low back pain or acute exacerbation of chronic low back pain, Soma 250mg #90 is not medically necessary.