

<b>Case Number:</b>	CM15-0177691		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	10/15/1995
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	08/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2015

### 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 48 year old female, who sustained an industrial injury on 10-15-1995. The injured worker was diagnosed as having status post lumbar spine fusion (date unspecified). Treatment to date has included diagnostics and medications. On 7-31-2015, it was documented that the injured worker complained of pain in her upper and lower back and tailbone, and was currently taking Tramadol, Ambien, Zoloft, and Soma. Her pain was not rated. She was not attending therapy and was not working. Exam of the lumbar spine showed difficulty with straight leg raise over 50 degrees. Range of motion testing showed forward flexion 20 degrees, extension 10, and bilateral bending 15. Strength was 4 of 5. Neurological and reflex exams were intact. Medications (Soma, Ultram, Ambien, Prilosec) were renewed. A prior progress note (5-18-2015) noted "currently taking Soma, Ambien, Norco, Acyclovir, and gabapentin" and she reported that Norco, Soma, and Ambien were the ones helping her. The exam of 5-18-2015 noted lumbar spine midline and bilateral paralumbar muscle tenderness and spasm. The treatment plan included Soma 350mg #60, with 2 refills, non-certified by Utilization Review on 8-31-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 soma 350mg with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**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, but rather for ongoing and chronic lumbar 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 medically necessary.