

<b>Case Number:</b>	CM15-0024610		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	04/27/1999
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	01/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 60-year-old female who reported an injury on 04/27/1999. The mechanism of injury was a slip and fall. The injured worker underwent chiropractic treatments and medications. The diagnoses included left foot tendon rupture, left foot pain, and tendinitis/capsulitis of the left foot. The supplied documentation indicated the injured worker had pain in the left foot that had not significantly improved. There were no physical examinations submitted for review. There were no Requests for Authorization submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro: Soma 350mg QTY: 60.00 DOS: 6/26/2013 through 12/8/2014 (a total of 20 monthly refills at #60 each): 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.

**Decision rationale:** The California MTUS Guidelines recommend muscle relaxants as a second line option for the short-term treatment of acute low back pain. Their use is recommended for less than 3 weeks. The clinical documentation submitted for review failed to provide objective findings to support the use of the medication. There was a lack of documentation of objective functional improvement with the medication. The request for 20 monthly refills far exceeds the recommended duration of use. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Retro: Soma 350mg QTY: 60.00 DOS: 6/26/2013 through 12/8/2014 (20 monthly refills at #60 each) is not medically necessary.