

<b>Case Number:</b>	CM15-0076375		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	10/15/2007
<b>Decision Date:</b>	06/05/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2015

### 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 49 year old female who sustained an industrial injury on 10/15/07. Initial complaints and diagnoses are not available. Treatments to date include medications. Diagnostic studies are not addressed. Current complaints include worsening of unspecified symptoms. Current diagnoses include bilateral repetitive strain injury of the upper extremities. In a progress note dated 11/13/14, the treating provider reports the plan of care as medication including Norco and Soma. The requested treatment is Soma.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg, 1 pill 3 times per day, #90:** 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): 63-66. 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 350mg one po tid #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 diagnosis is bilateral repetitive strain injury (RSI) upper extremity. The request for authorization was dated April 9, 2015. The medical record contains 23 pages in a single progress note dated November 13, 2014. The medications on that date were listed as Norco and Soma. Soma is indicated for short-term (less than two weeks) use for acute low back pain or an acute exacerbation of chronic low back. The request for authorization is the April 9, 2015 and the progress note indicates Soma was prescribed as far back as November 2014. The treating provider prescribed Soma for a minimum of five months. This is in clear excess of the recommended guidelines. Consequently, absent compelling clinical documentation to support ongoing Soma in excess of the recommended guidelines for short-term (less than two weeks) use, Soma 350mg one po tid #90 is not medically necessary.