

<b>Case Number:</b>	CM15-0092853		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	12/01/2001
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 58 year old female, who sustained an industrial injury on 12/1/01. The injured worker has complaints of chronic neck pain and on top of her shoulder between her shoulder blades, arms and hands. She reports muscle spasms and numbness in her bilateral arms and hands. The documentation noted that there is diffuse mild tenderness over bilateral trapezil, there is mild diffuse tenderness over bilateral shoulders extending to bilateral upper arm. The diagnoses have included migraine, unspecified, without mention of intractable migraine without mention of status migrainosus; neck sprain; degeneration of cervical intervertebral disc and depressive disorder. Treatment to date has included heat; ice; heat and gentle stretching and exercise which can be tolerated without exacerbating pain; percocet; norco; soma; lidoderm patch; valium; seroquel; axert; wellbutrin; magnetic resonance imaging (MRI) of cervical spine on 4/4/14 showed C2-3 disc protrusion and mild left facet osteoarthopathy. The request was for one prescription of soma 350mg #90 with 3 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription of Soma 350mg #90 with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Soma  
Page(s): 29.

**Decision rationale:** According to MTUS guidelines, a non sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. According to the provided file, the patient was prescribed Soma since at least 2012 without clear evidence of spasm or functional improvement. There is no justification for prolonged use of Soma. Therefore, the request for Soma 350mg #90, with 3 refills is not medically necessary.