

Case Number:	CM13-0016901		
Date Assigned:	11/06/2013	Date of Injury:	08/26/2010
Decision Date:	01/29/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management, has a subspecialty in Disability Evaluation, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This claimant is a 54 year old male who sustained a lower back injury on 8/26/10 while on the job. He has continued to be in pain since then. Physical examination performed by the treating physician on 4/26/2013 revealed the following: no paraspinal musculature tenderness, no tenderness to palpation of the spinous processes, no paraspinal spasm, no palpable abnormalities, positive sciatic notch, and PSIS nontender bilaterally. An MRI of the lumbar spine revealed a diffuse annular bulge extending posteriorly by 2mm at L3-4. Mild facet degenerative joint disease was also noted bilaterally. The spinal canal was of normal size, as are the neural foramen. The diagnostic impression at the time suggested spinal radiculopathy and spinal stenosis; nonunion was ruled out.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 250mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65. Decision based on Non-MTUS Citation Official Disability Guidelines; and the AGS Beers criteria

Decision rationale: The Official Disability Guidelines section on pain, last updated 10/14/2013, states that Carisoprodol (Soma) is not recommended. This medication is FDA-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest. Different variations of Carisoprodol include Soma, Soprodal350, and Vanadom, as well as a generic form; none of these formulations is recommended for longer than a 2-3 week period. This medication is not indicated for long-term use. Carisoprodol is metabolized to meprobamate, an anxiolytic that is a schedule IV controlled substance. It is classified as a schedule IV drug in several states, but not on a federal level. It is suggested that its main effect is due to generalized sedation, as well as treatment of anxiety. This drug was approved for marketing before the FDA required clinical studies to prove safety and efficacy. Withdrawal symptoms may occur with abrupt discontinuation and physical therapy. This medication is not indicated for long-term use. The AGS updated Beers criteria is a list of potentially inappropriate medications for older adults; it includes Carisoprodol. Abuse has been noted for sedative and relaxant effects. In regular abusers, the main concern is the accumulation of meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. This includes the following: (1) increasing sedation of benzodiazepines or alcohol; (2) use to prevent side effects of cocaine; (3) use with Tramadol to produce relaxation and euphoria; (4) as a combination with Hydrocodone, an effect that some abusers claim is similar to heroin (referred to as a "Las Vegas Cocktail"); (5) as a combination with codeine (referred to as "Soma Coma"). There was a 300% increase in numbers of emergency room episodes related to Carisoprodol from 1994 to 2005. Hospital emergency department visits involving the misuse of Carisoprodol have doubled over five years, study shows. Based on the above guidelines, the request is non-certified.