

Case Number:	CM13-0053895		
Date Assigned:	06/09/2014	Date of Injury:	10/25/2006
Decision Date:	07/24/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/18/2013

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. The expert reviewer is Board Certified in Family Practice 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 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/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:

The injured worker is a 39 year old female claimant who sustained a work related injury on 10/25/06 involving the back and lower extremity. An MRI in 2007 showed degenerative changes in the lumbar spine as well as disc protrusion of the L5-S1. She had undergone chiropractor and physical therapy as well as used analgesics including opioids and NSAIDs. Due to chronic back , she underwent L5-S1 microdiscectomy. Due to a car accident she has again aggravated her chronic back pain in 2009. She had been taking Soma and Tylenol since then for pain. A progress note on 7/10/13 indicated she had continued 4/10 back pain which reduced to 2/10 with medication. She had been taking Soma 350 mg #30, Tylenol #3 and Motrin. A progress note on 10/2/13 indicated the claimant had 8/10 pain reduced to 4/10 with medication. The pain was aggravated by bending, twisting, lifting or sitting. Physical findings of the gait and spine were normal. The neurological exam was normal. The treating physician continued Tylenol #90, Soma 350 mg tid # 90 for 10 days and Tylenol with codeine #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

CARISOPRODOL 350MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines chronic Pain Medical Treatment Guidelines Carsiprodolol Page(s): 29.

Decision rationale: The MTUS Chronic Pain Guidelines states regarding Carisoprodol, "Not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Carisoprodol is now scheduled in several states but not on a federal level. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. 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"). (Reeves, 1999) (Reeves, 2001) (Reeves, 2008) (Schears, 2004) There was a 300% increase in numbers of emergency room episodes related to carisoprodol from 1994 to 2005. (DHSS, 2005) Intoxication appears to include subdued consciousness, decreased cognitive function, and abnormalities of the eyes, vestibular function, appearance, gait and motor function. Intoxication includes the effects of both carisoprodol and meprobamate, both of which act on different neurotransmitters. (Bramness, 2007) (Bramness, 2004) A withdrawal syndrome has been documented that consists of insomnia, vomiting, tremors, muscle twitching, anxiety, and ataxia when abrupt discontinuation of large doses occurs. This is similar to withdrawal from meprobamate. (Reeves, 2007) (Reeves, 2004) There is little research in terms of weaning of high dose carisoprodol and there is no standard treatment regimen for patients with known dependence. Most treatment includes treatment for symptomatic complaints of withdrawal. Another option is to switch to phenobarbital to prevent withdrawal with subsequent tapering. A maximum dose of phenobarbital is 500 mg/day and the taper is 30 mg/day with a slower taper in an outpatient setting." In this case, the claimant had been on Soma for years. The prescription for 90 tablets exceeds the 10-day course intended for use. Based on the MTUS Chronic Pain Guidelines and clinical notes, the amount prescribed above is not medically necessary and appropriate.