

<b>Case Number:</b>	CM14-0133186		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	08/26/2009
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	07/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2014

### 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 Occupational Medicine 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 claimant was injured on 08/26/09. Soma and Flector patches are under review. The claimant has chronic thoracolumbar pain and recurrent myofascial strain and left knee arthralgia with internal derangement status post arthroscopic surgery in June 2010. He also has a chronic left hemiparesis and spastic gait with foot drop following a severe head injury. On 02/03/14, he was evaluated and had completed lumbar facet rhizotomy with 60% improvement of pain following the procedure. It was easier for him to do his ADLs. He had continued left hemiparesis with contracture and hemiplegia and his gait remained spastic with left foot equinus deformity. He was prescribed Norco, Soma, and Flector patch. On 02/03/14, his drug screen was negative for Carisoprodol and opiates. On 02/07/14, he was evaluated and had ongoing pain with occasional radiation to the legs left more than right. He also had tingling but no numbness. He was using a cane part-time and had weakness of both legs. Diagnoses included right elbow medial and lateral epicondylitis, left costochondral injury, left hip pain and lumbar spine strain with disc bulges at L4-5 and moderate hypertrophic facet changes. There was a disc bulge at L5-S1. He had a right ankle sprain and compensatory left ankle sprain with left metatarsalgia. He also had gastritis and a penetrating eye injury December 2013. He had a second toe crushing injury on 12/27/13. He has a history of bruxism and clenching and grinding of his teeth increasing of facial muscles with myofascial pain and trigeminal central sensitization with capsulitis. He also has inflammation of the bilateral temporomandibular joints with osteoarthritis arthritis. He had an MRI on 02/24/14 for the left knee that showed a radial free edge tear at the body of the lateral meniscus. On 03/03/14, he again was prescribed Norco, Soma, and Flector patch. The Soma was for muscle spasm when necessary and the Flector patch was for pain and inflammation when necessary. There was no significant change in his condition. He also saw a psychiatrist. Soma and Flector are not mentioned in his medication list on that date. Physical therapy was recommended on

04/22/14. On an unclear date, the claimant was prescribed omeprazole and ibuprofen and was treated for a knee injury. On 06/30/14, a drug screen was negative for Norco and Soma. He was being prescribed Norco, Soma, and Flector.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Soma 350MG #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 89.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol, Medications for Chronic Pain Page(s): 60, 94.

**Decision rationale:** The history and documentation do not objectively support the request for Soma 350 mg #30. The MTUS state on page 60 that Carisoprodol is "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: a) increasing sedation of benzodiazepines or alcohol; b) use to prevent side effects of cocaine; c) use with tramadol to produce relaxation and euphoria; d) as a combination with hydrocodone, an effect that some abusers claim is similar to heroin (referred to as a "Las Vegas Cocktail"); & e) 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)"Additionally, the MTUS and Official Disability Guidelines state "relief of pain with the use of medications is generally temporary and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication." In this case, there is no evidence of spasm to support the continued use of Soma. The claimant's pattern of use of this medication and there is no objective measurable evidence of

functional improvement based on the use of Soma. The medical necessity of ongoing use of Soma 350 mg #30 for chronic complaints has not been clearly demonstrated.

**Flector Patches 1.3% #4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 89.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 143.

**Decision rationale:** The history and documentation do not objectively support the request for Flector patches 1.3% #4. The MTUS state "topical agents may be recommended as an option [but are] largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004)." There is no evidence of failure of all other first line drugs. The claimant was also using other oral medications with no documentation of intolerance or lack of effectiveness. The medical necessity of this request for Flector patches 1.3% has not been clearly demonstrated.