

Case Number:	CM14-0054858		
Date Assigned:	07/09/2014	Date of Injury:	10/30/2009
Decision Date:	08/28/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	04/24/2014

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 patient is a 62-year-old female who sustained a work related injury to her right shoulder on 10/30/2009 as a result of an unknown mechanism of injury. Since then she had continuous shoulder pain and has undergone both a right biceps release and bursa removal in 2012 and rotator cuff repair in 2010 and 2012. On her most recent PR-2's, she reports 1) no change in location of pain, 2) experiencing poor sleep, 3) taking her medications as prescribed and that they are working well and have no adverse side effects. She states the Soma is more effective - with less daytime sedation - than flexeril. Upon examination, there is restricted motion in all planes for the right shoulder with provocative testing (Hawkins, Neer and crossover) all recorded as positive. Upon palpation, tenderness is elicited at the acromioclavicular joint, biceps groove, glenohumeral joint and subdeltoid bursa. The patient has taken some form of muscle relaxant since at least June of 2013 based upon the provided medical documentation. Her current treatment regimen includes Soma 350mg - take 1 twice daily as needed, Neurontin 300mg capsule - 1 tab po QPM and 2 tabs po QHS; Norco 10/325 mg tablet - take 1 every 4-6 hours as needed; Last, Xanax 0.5mg tab - take 1 twice daily as needed. In dispute is a decision for Soma 350mg tablet, 2 tablets daily as needed, Quantity 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg Tablet, 2 tablets daily as needed. Quantity 60.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatment Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Carisoprodol (Soma®).

Decision rationale: Carisoprodol (Soma) is not recommended or indicated for long-term use and is FDA-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Abuse has been noted for sedative and relaxant effects. 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). 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. In addition, The AGS updated Beers criteria for inappropriate medication use includes Carisoprodol. This is a list of potentially inappropriate medications for older adults. A withdrawal syndrome has been documented that consists of insomnia, vomiting, tremors, muscle twitching, anxiety, and ataxia when abrupt discontinuation of large doses occurs. Because of the possibility of withdrawal syndrome development, if the patient has not been weaned from this medication already, I authorize the dispensement of 27 tablets in the following graded manner: 14 tablets for current sig of 1 tablet twice daily; 7 tablets, one tablet daily for 7 days; 4 tablets, one tablet taken every other day for 7 days; 2 tablets, one tablet taken every 3rd day until medication is gone. Based upon the MTUS recommendations and guidelines, this medication is no longer authorized for use in this patient. No further requests will be honored for dispensing the requested medication. The patient long ago surpassed the acute stage of her musculoskeletal condition and has been in a chronic pain state for many years. With her concomitant use of a Benzodiazepine (Xanax), this medication should have been discontinued because of the potentiation of abuse.