

Case Number:	CM14-0056044		
Date Assigned:	07/09/2014	Date of Injury:	07/15/2008
Decision Date:	08/29/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/25/2014

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 Family 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:

This is a 72 year old female who reported an industrial injury on 7/15/2008, over six (6) years ago to the lower back reported as providing care to clients. The patient was treated conservatively and subsequently underwent a lumbar spine laminectomy. The patient reported that after a few months, the pain returned to the preoperative levels. The patient complained of lower back pain radiating into the RLE. The patient was prescribed Percocet 10/325 mg #120; Valium 10 mg #60; and Soma 350 mg #60 for her chronic low back pain. The patient reported pain of 9/10. The patient also used a TENS unit. The patient was reported to be unable to take NSAIDs due to dyspepsia. The objective findings on examination included a healed incision; rigidity in the left paraspinal muscles, strength, sensation, and reflexes were intact; TTP; decreased ROM of the lumbar spine and positive bilateral SLR. The diagnoses included s/p lumbar laminectomy at L4-L5 with chronic back pain and muscle spasms; history of spinal stenosis prior to surgery; depression and anxiety disorder; history of bilateral hip pain with DJD. The treatment plan included the prescription for carisoprodol 350 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg (Soma) #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, 128, Chronic Pain Treatment Guidelines antispasticity/antispasmodic Page(s): 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter Muscle relaxants and Carisoprodol.

Decision rationale: The patient is prescribed Carisoprodol/SOMA 350 mg #60 on a routine basis for the treatment of chronic pain and is not directed to muscle spasms on a prn basis. The CA MTUS does not recommend the prescription of Carisoprodol. There is no medical necessity for the prescribed Soma 350 mg #60 for chronic pain or muscle spasms as it is not recommended by evidence based guidelines. The patient was prescribed Valium, benzodiazepine, and Carisoprodol concurrently. The prescription of Carisoprodol is not recommended by the CA MTUS for the treatment of injured workers. The prescription of CARISOPRODOL as a muscle relaxant is not demonstrated to be medically necessary for the treatment of the chronic back pain on a routine basis. The patient has been prescribed CARISOPRODOL on a routine basis for muscle spasms. There is no demonstrated medical necessity for the daily prescription of CARISOPRODOL as a muscle relaxer on a daily basis for chronic pain. The prescription of CARISOPRODOL for use of a muscle relaxant for cited chronic pain is inconsistent with the recommendations of the CA MTUS, the ACOEM Guidelines and the Official Disability Guidelines. The use of alternative muscle relaxants was recommended by the CA MTUS and the Official Disability Guidelines for the short term treatment of chronic pain with muscle spasms; however muscle relaxants when used are for short term use for acute pain and are not demonstrated to be effective in the treatment of chronic pain. The use of Carisoprodol is associated with abuse and significant side effects related to the psychotropic properties of the medication. The centrally acting effects are not limited to muscle relaxation. The prescription of CARISOPRODOL as a muscle relaxant is not recommended as others muscle relaxants without psychotropic effects are readily available. There is no medical necessity for CARISOPRODOL 350 mg #60. There are clearly no recommendations for the prescribed combination of Valium and Carisoprodol due to the psychotropic effects. The California MTUS guidelines state 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 for controlled substance. It has been suggested that the main effect is due to generalize sedation and treatment of anxiety. Abuses have been noted for sedative and relaxant effects. In regular abusers, the main concern is for the accumulation of meprobamate. Carisoprodol abuses also been noted in order to augment or alter the effects of other drugs. This includes the following increasing sedation of benzodiazepines or alcohol; used to prevent side effects of cocaine; use with tramadol to ghost relaxation and euphoria; as a combination with hydrocodone as an effective some abuses claim is similar to heroin referred to as a Las Vegas cocktail; and as a combination with codeine referred to as Carisoprodol Coma. There is no documented functional improvement with the use of the prescribed Carisoprodol. The use of CARISOPRODOL/SOMA, is not recommended due to the well known psychotropic properties. Therefore, this medication should be discontinued.