

Case Number:	CM14-0193423		
Date Assigned:	12/01/2014	Date of Injury:	10/09/1990
Decision Date:	01/13/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/18/2014

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:

The patient is a 68-year-old man who was injured at work on 10/9/1990. The injury was primarily to his neck. He is requesting review of denial for "retrospective Soma 350 mg #90 (DOS: 10/23/2014). Medical records corroborate ongoing care for his injuries. His chronic diagnoses include the following: Sprain/Strain of Neck; Cervicalgia; Seizures; and Adjustment Disorder with Mixed Anxiety and Depressed Mood. His medication regimen includes: Norco 10/325 mg, Soma 350 mg, Diazepam 5 mg and Ranitidine 150 mg. He is also enrolled in cognitive behavioral therapy and a supportive psychotherapy program. It was noted in the record that the patient presented to his provider on 10/23/2014 with neck and shoulder pain and was treated with Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Soma 350mg #90 (DOS: 10/23/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of carisoprodol (also known as Soma). The use of Soma 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: (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). In this case the patient is concurrently being prescribed an opioid. Per the stated guidelines, the concurrent use of an opioid with Soma is associated with an increased risk of harm. Further, the number of tablets prescribed is consistent with long-term use; again per MTUS Guidelines this is not recommended. In summary, Soma 350 mg #90 is not considered as a medically necessary treatment.