

Case Number:	CM14-0165730		
Date Assigned:	10/10/2014	Date of Injury:	06/13/2007
Decision Date:	11/12/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/07/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Massachusetts. 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:

According to the documents available for review, the patient is a 52 year old male. The date of injury is June 13, 2007. The patient sustained an injury to the lumbar spine and left leg . The specific mechanism of injury was not fully elaborated on in the notes available for review. The patient currently complains of pain in the low back with radiation down the left leg worse with ambulation and activity. The patient carries the current diagnosis of lumbar radiculopathy and left lower extremity neuropathic pain. The patient is maintained on the multimodal pain medication regimen including Soma and Lunesta. A request for Soma and Lunesta was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg, 120 count with three refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

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

Decision rationale: According to the MTUS, 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:(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. Tapering should be individualized for each patient. (Boothby, 2003) For more information and references, see Muscle relaxants. See also Weaning of medications. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established. Therefore the request is not medically necessary.

Lunesta 2 mg, thirty count with three refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lunesta (Eszopicolone) ODG, Pain (Chronic), Insomnia

Decision rationale: According to the ODG, the Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists) are First-line medications for insomnia. This class of medications includes zolpidem (Ambien and Ambien CR), zaleplon (Sonata), and eszopicolone (Lunesta). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which means they have potential for abuse and dependency. Although direct comparisons between benzodiazepines and the non-benzodiazepine hypnotics have not been studied, it appears that the non-benzodiazepines have similar efficacy to the benzodiazepines with fewer side effects and short duration of action. Eszopicolone (Lunesta) has

demonstrated reduced sleep latency and sleep maintenance. (Morin, 2007) The only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. According to the documents available for review, the patient does carry diagnoses of insomnia with documented improvement in sleep with the use of the medication. Further this medication is approved for use longer than 35 days. Therefore, at this time, the requirements for treatment have been met and medical necessity has been established. Therefore the request is medically necessary. According to the documents available for review, the patient does carry diagnoses of insomnia with documented improvement in sleep with the use of the medication. Further this medication is approved for use longer than 35 days. Therefore, at this time, the requirements for treatment have been met and medical necessity has been established. Therefore the request is medically necessary.