Office of Medicaid
BOARD OF HEARINGS

Appellant Name and Address:

[redacted]

Appeal Decision:	Denied	**Appeal Number:**	2207869
Decision Date:	12/5/2022	**Hearing Date:**	11/22/2022
Hearing Officer:	Alexis Demirjian		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Phong Luc, Pharmacy

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
Board of Hearings
100 Hancock Street, Quincy, Massachusetts 02171

APPEAL DECISION

Appeal Decision:	Denied	**Issue:**	Prior Authorization, Drugs
Decision Date:	12/5/2022	**Hearing Date:**	11/22/2022
MassHealth's Rep.:	Phong Luc	**Appellant's Rep.:**	Pro se
Hearing Location:	Charlestown MassHealth Enrollment Center	**Aid Pending:**	No

Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder.

Jurisdiction

On October 12, 2022, MassHealth denied the Appellant's prior authorization (PA) request for Carisoprodol 350 mg, also referred to as Soma. (Exhibit 1). The appellant filed a timely appeal with the Board of Hearings on October 17, 2021 (see 130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied the Appellant's PA request for Carisoprodol (Soma).

Issue

The appeal issue is whether the Appellant has demonstrated medical necessity for the requested drug.

Summary of Evidence

MassHealth was represented at hearing by Phong Luc, a pharmacist, from the Drug Utilization Review (DUR) program. The Appellant represented himself. The hearing was conducted telephonically.

Ms. Luc testified that Carisoprodol (Soma) is drug that has limited efficacy in relief of acute pain associated with musculoskeletal conditions, as an adjunct to rest, physical therapy, and other measures. (Testimony and Exhibit 4, p. 26). Carisoprodol (Soma) is a Schedule IV anxiolytic with a known potential for abuse that can lead to seizures, coma, and death. (Id.) Prior to authorizing a prescription for Carisoprodol (Soma), MassHealth will requires evidence that conservative measures have been utilized and exhausted. (Testimony)

In this matter, the prior authorization was denied because the Appellant's prescribing physician did not provide sufficient information to determine the medical necessity of this prescription, specifically he failed to provide a clinical rationale for the usage of Carisoprodol (Soma) for the treatment of a chronic condition as required. (Testimony and Exhibit 4, p. 17) Additionally, the records submitted in support of the PA failed to document that the Appellant had exhausted all other treatment options and that those treatments either did not work or that the Appellant suffered unacceptable side effects, thus necessitating the need for prescription of Carisoprodol (Soma). (Id.)

Ms. Luc reviewed the PA and noted that in response to the question, "Has the member tried other medications to treat this condition?", the Appellant's prescribing physician indicated yes and listed Tizanidine 2 mg (administered in April 2022) and Baclofen (no dosage and no date of treatment). (Testimony and Exhibit 4, pp. 3 and 4) The Appellant's prescribing physician noted that the Appellant did not have an adequate response to Tizanidine but failed to describe the details of the inadequate response. (Id.) With regard to the alleged treatment of Baclofen, the Appellant's prescribing physician wrote "Per patient, he tried this in the past with no relief. He is unsure of dates or dose." (Exhibit 4, pp. 4) Ms. Luc also reviewed the accompanying medical documentation submitted with the PA request which included notes from visits on June 3, 2022 and September 9, 2022, the clinical records did not indicate that the Appellant was taking Tizanidine or Baclofen. (Testimony, Exhibit 4 pp. 3-13) Ms. Luc noted in the September 9, 2022 clinical note, which was authored by a different medical provider than the prescribing physician who submitted the PA request that is the subject of this appeal, a statement was included that patient presents to clinic "for a refill of Soma which he uses for leg pain." (Testimony, Exhibit 4 pp. 9) The note went on to state that patient reports "250 mg tab is not enough and he wants it increased to 350 mg." (Exhibit 4, pp. 9) A review of the medical documentation submitted with the PA does not include a clinical note to document that the Appellant was seen by the prescribing doctor contemporaneously with the PA for Carisoprodol (Soma). (Exhibit 4)

Ms. Luc testified that, on or about November 8, 2022, a letter was sent to the Appellant which asked for supplementary evidence to be provided to MassHealth in order to corroborate the medical necessity for authorization of the Carisoprodol (Soma) prescription. (Testimony and Exhibit 4, p. 17) As of the date of the hearing, no additional documentation was submitted to DUR. (Testimony)

The Appellant testified that approximately one year prior to the date of the hearing he had vascular surgery performed on his leg. (Testimony) Subsequent to that surgery, he has suffered pain in his legs

and hips. (Testimony) The Appellant has the diagnoses of COPD, PVD, GERD, Chronic Pain, Lumbar Degenerative Disc, PTS/MDD, Anxiety, Fibromyalgia and Hearing Loss. (Exhibit 4, pp.5) The Appellant testified that he had previously been provided with a prescription for Carisoprodol (Soma) in New Hampshire and Maine. (Testimony) The Appellant testified that it is based on his previous experiences with Carisoprodol (Soma) that he believes this prescription is the appropriate treatment for his pain. (Testimony) The Appellant was provided with copies of the MassHealth submission and acknowledges that the medical records do not contain the evidence required by MassHealth to authorize the prescription of Carisoprodol (Soma). (Testimony) The Appellant testified that he does not use alcohol and even though his sister has alleged that he has abused Carisoprodol (Soma) in the past, he does not believe that it is an accurate characterization of his use of the medication. (Testimony)

Findings of Fact

Based on a preponderance of the evidence, I find the following:

1. The Appellant is over 18 years of age and a MassHealth member.

2. The Appellant has the diagnoses of COPD, PVD, GERD, Chronic Pain, Lumbar Degenerative Disc, PTS/MDD, Anxiety, Fibromyalgia and Hearing Loss. (Exhibit 4, pp. 5)

3. The Appellant suffers from chronic pain in his legs. (Testimony)

4. Carisoprodol (Soma) has been shown limited efficacy in the relief of acute pain associated with musculoskeletal conditions. (Testimony and Exhibit 4, pp. 26)

5. Carisoprodol (Soma) does not act directly on the skeletal muscles, but its effects are thought to be related to its sedative properties. (Id.)

6. Carisoprodol (Soma) is a Schedule IV anxiolytic with a known potential for abuse. (Id.)

7. Carisoprodol (Soma) abuse can lead to seizures, coma, and death. (Id.)

8. MassHealth has established medical necessity criteria for prior approval for Carisoprodol (Soma), which MassHealth has published on the MassHealth Drug List. (Testimony and Exhibit 4, pp. 19 -24)

9. For the authorization of Carisoprodol (Soma) MassHealth requires: 1) medical records documenting an inadequate response, adverse reaction, or contraindication to all other centrally acting skeletal muscle relaxants; and member is over 18 years of age; and one of the following: the request for an acute condition; or clinical rationale for the use of carisoprodol for the treatment of a chronic condition. (Testimony and Exhibit 4, pp. 22)

10. On October 11, 2022, the Appellant's physician submitted a PA for Carisoprodol (Soma) 350

mg. (Testimony and Exhibit 4, pp. 4)

11. The PA request did not include sufficient information related to prior treatments including dates of treatment, dosages, and an explanation of why these treatments were inadequate. (Testimony and Exhibit 4, pp. 4-5)

12. The PA request did not include a clinical rationale for the use of Carisoprodol (Soma) for the treatment of a chronic condition as required by MassHealth. (Testimony and Exhibit 4)

13. The PA request did not include medical documentation documenting an inadequate response, adverse reaction, or contraindication to all other centrally acting skeletal muscle relaxants as required by MassHealth. (Testimony and Exhibit 4)

Analysis and Conclusions of Law

Pursuant to 130 CMR 450.204(A), a service is considered medically necessary if:

> (1) it is reasonably calculated to prevent, diagnose, prevent the worsening of, alleviate, correct, or cure conditions in the member that endanger life, cause suffering or pain, cause physical deformity or malfunction, threaten to cause or to aggravate a handicap, or result in illness or infirmity; and
>
> (2) there is no other medical service or site of service, comparable in effect, available, and suitable for the member requesting the service, that is more conservative or less costly to the MassHealth agency. Services that are less costly to the MassHealth agency include, but are not limited to, health care reasonably known by the provider, or identified by the MassHealth agency pursuant to a prior-authorization request, to be available to the member through sources described in 130 CMR 450.317(C), 503.007, or 517.007.

MassHealth denied the appellant's PA request for coverage of Carisoprodol (Soma) in October, 2022, because the documentation provided did not include sufficient information for MassHealth to determine medical necessity. MassHealth's medical necessity criteria for continuation of Carisoprodol (Soma) is published on the MassHealth Drug List.

Pursuant to 42 CFR §440.230, applicable to state plans for medical assistance:

> (a) A State plan [for medical assistance] must specify the amount, duration, and scope of each service that it provides for -
> (1) The categorically needy; and
> (2) Each covered group of medically needy.
> (b) Each service must be sufficient in amount, duration, and scope to reasonably achieve its purpose.

(c) The Medicaid agency may not arbitrarily deny or reduce the amount, duration, or scope of a required service under §§440.210 and 440.220 to an otherwise eligible beneficiary solely because of the diagnosis, type of illness, or condition.
of illness, or condition.
(d) The agency may place appropriate limits on a service based on such criteria as medical necessity or on utilization control procedures.

Next, 42 USC §456.711 provides in pertinent part:

The State plan must provide for ongoing educational outreach programs that, using DUR Board data on common drug therapy problems with the aim of improving prescribing and dispensing practices. The program may be established directly by the DUR Board or through contracts with accredited health care educational institutions, State medical societies or State pharmacists' associations/societies, or other organizations. The program must include the interventions listed in paragraphs (a) through (d) of this section. The DUR Board determines the content of education regarding common therapy problems and the circumstances in which each of the interventions is to be used.

(a) Dissemination of information to physicians and pharmacists in the State concerning the duties and powers of the DUR Board and the basis for the standards required by § 456.705(c) for use in assessing drug use.

(b) Written, oral, or electronic reminders containing patient-specific or drug-specific information (or both) and suggested changes in prescribing or dispensing practices. These reminders must be conveyed in a manner designed to ensure the privacy of patient-related information.

(c) Face-to-face discussions, with follow up discussions, when necessary, between health care professionals expert in appropriate drug therapy and selected prescribers and pharmacists who have been targeted for educational intervention on optimal prescribing, dispensing, or pharmacy care practices.

(d) Intensified review or monitoring of selected prescribers or dispensers.

Consistent with these directives, MassHealth developed medical necessity criteria for authorizing coverage of Carisoprodol (Soma). In addition, as permitted at 42 USC §456.711, MassHealth implemented prior authorization requirements as a condition of coverage of, or payment for, this drug and issued a Prescriber/Physician letter in 2005 detailing the common drug therapy problems with the use of Carisoprodol (Soma).

It undisputed that the Appellant's physician did not supply sufficient documentary evidence to satisfy the MassHealth medical necessity criteria for authorizing Carisoprodol (Soma). Thus, for the requested authorization, the second prong of the MassHealth test for medical necessity set forth at 130 CMR 450.204(A)(2) has not been satisfied.

Accordingly, there is no error in MassHealth's decision, and this appeal is DENIED.

Order for MassHealth

None.

Notification of Your Right to Appeal to Court

If you disagree with this decision, you have the right to appeal to Court in accordance with Chapter 30A of the Massachusetts General Laws. To appeal, you must file a complaint with the Superior Court for the county where you reside, or Suffolk County Superior Court, within 30 days of your receipt of this decision.

Alexis Demirjian
Hearing Officer
Board of Hearings

cc:
MassHealth Representative: UMMS Drug Utilization Review, Commonwealth Medicine, 333 South Street, Shrewsbury, MA 01545, 774-455-3200