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Carisoprodol (Soma): abuse potential and physician unawareness. 2008;78(3):365-370. Chou R, Peterson K, Helfand M. 1999;18(2):51-56. [Google Scholar]Page 2Skeletal Muscle RelaxantsMedicationIndicationCommon DosageMetabolismDose AdjustmentsAntispasticity AgentsBaclofen (Lioresal)Spasticity5 mg 3 times dailyMax: 80 mg dailyHepatic (15%)NoneDantrolene (Dantrium)Spasticity, malignant hyperthermiaInitial: 25 mg dailyMaintenance: 25-100 mg up to 4 times dailyHepatic (extensive)NoneAntispasmodic AgentsCarisoprodol (Soma)Acute musculoskeletal pain250-350 mg 3 times a day and at bedtimeMax: 1,400 mg dailyHepatic (2C19) Active metabolite: meprobamateLiver disease: Use lower initial dose and increase gradually as needed/toleratedChlorzoxazone (Parafon Forte DSC)Acute musculoskeletal pain500 mg 3-4 times dailyMax: 750 mg 3-4 times dailyHepatic (glucuronidation)NoneCyclobenzaprine (Amrix)Acute musculoskeletal pain1R: 5 mg 3 times daily Max: 10 mg 3 times daily ER: 15 mg daily Max: 30 mg dailyHepatic (CYP3A4, 1A2)Renal, none; hepatic, use with cautionMetaxalone (Skelaxin)Acute musculoskeletal pain800 mg 3-4 times dailyHepatic (CYP1A2, 2D6, 2E1, 3A4)ContraIndicated in severe hepatic and renal dysfunctionMethocarbamol (Robaxin)Acute musculoskeletal painInitial: 1,500 mg 4 times daily for 2-3 days Maintenance: 750 mg every 4 hours, 1,500 mg by mouth 3 times daily, or 1,000 mg 4 times daily Max: 4 g dailyConjugation, dealkylation, and hydroxylationNoneOrphenadrine (Norflex)Acute musculoskeletal pain100 mg 2 times dailyHepatic (extensive)NoneAntispasticity and Antispasmodic AgentsDiazepam (Valium)Relief of skeletal muscle spasm2-10 mg 3 to 4 times dailyHepatic (2C19, 3A4)Renal, none; hepatic, decrease by 50%Tizanidine (Zanaflex)SpasticityInitial: 4 mg up to 3 times daily; may titrate to optimal effect in 2-4 mg increments as needed to a max of 3 doses in 24 hoursHepatic (1A2)Renal, use with caution if CrCl < 25 mL/min; hepatic, avoid use in severe impairmentMedicationBeers CriteriaSpecial PrecautionsAdverse EffectsClinical PearlsAntispasticity AgentsBaclofen (Lioresal)NoGeriatric: 5 mg 2-3 times daily; use lowest effective doseCNS depressionBoxed warning: Avoid abrupt discontinuation due to risk of withdrawalDantrolene (Dantrium)NoMay cause sun sensitivityMajor hepatic impairment including fatal hepatitis, CNS depression, difficulty swallowingBoxed warning: risk for hepatotoxicity with chronic use; routine use not recommendedAntispasmodic AgentsCarisoprodol (Soma)YesHas been subject to abuse, dependence, withdrawal, misuse, and criminal diversionDrowsiness, dizziness, headaches, somnolence, seizureSchedule IVActive metabolite with barbiturate effects; some evidence suggests sedation is primary mechanism of action without direct effects on skeletal muscle. 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Do not use longer than 2-3 weeks; do not use within 14 days of monoamine oxidase inhibitors.Metaxalone (Skelaxin)YesMonitor liver function in mild-to-moderate hepatic dysfunctionCNS depression, nausea, vomiting; rare: jaundice, hemolytic anemia, elevated LFTsMechanism associated with sedative properties; take with foodMethocarbamol (Robaxin)YesGeriatrics, liver, and renal impairment: Use lower initial doses and increase gradually as needed/toleratedDizziness, headache, lightheadednessMechanism associated with CNS depression; drug may change color of urine to brown, black, or greenOrphenadrine (Norflex)YesCaution in patients with heart failure (palpitations, tachycardia); do not crushAnticholinergic effectsEuphoric and analgesic properties; must taper in chronic useAntispasticity and Antispasmodic AgentsDiazepam (Valium)YesElderly: 2-2.5 mg 1-2 times daily; titrate gradually as toleratedDrowsiness, fatigue, and ataxiaSchedule IVAvoid abrupt discontinuation after extended therapyTizanidine (Zanaflex)NoElderly: use with caution due to decreased clearanceSomnolence, xerostomia, and weaknessConcomitant use with other psychotropics may cause additive sedation; monitor liver function; avoid rapid discontinuation [Google Scholar]17. 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Limit use to 2-3 weeks.Chlorzoxazone (Parafon Forte DSC)YesIdiosyncratic and unpredictable hepatotoxicity (rare but serious)CNS depressionPeriodic LFTs recommended during chronic useCyclobenzaprine (Amrix)YesCaution with elderly and hepatic impairmentAnticholinergic effects, CNS depression, rare arrhythmiasStructure similar to tricyclic antidepressants. Pharmacological management of low back pain. Cyclobenzaprine ER for muscle spasm associated with low back and neck pain: two randomized, double-blind, placebo-controlled studies of identical design. Drug and Alcohol Dependence. Florida Poison Information Center Network Query Builder. The American Geriatrics Society 2012 Beers Criteria Expert Panel. 2004;28(2):140-175. Baclofen Tablet package insert. 2009;25(5):1179-1196. [Google Scholar]12. 2004;29(23):E531-537.

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