

Case Number:	CM14-0013313		
Date Assigned:	02/26/2014	Date of Injury:	12/29/2000
Decision Date:	07/24/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/03/2014

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 Occupational 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 70 year old male patient with a 12/29/00 date of injury. The mechanism of injury was not provided for review. A 12/11/013 progress report indicated that the patient's objective findings were within normal ranges. He was diagnosed with closed head injury with concussion, post-concussion syndrome with cognitive and mood impairment, as well as sleep disturbance, headaches, episodic dizziness, anxiety and depression, and chronic pain syndrome. Treatment to date has included medication management (since at least 6/2013), Percocet, Soma, Triazolam, Cymbalta, Meclizine, Butalbital, and Seroquel. There is documentation of a previous 1/22/14 adverse determination.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIAZOLAM TABLET 0.25MG, DAYS SUPPLY: 30, QUANTITY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: The MTUS Chronic Pain Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They are not

recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence.. However, there was no documentation describing the patient's condition, pain level, and sleep hygiene. In the medical records there was no documentation supporting pain relief or functional improvement. There was evidence that the patient was taking Triazolam since at least 6/2013 chronically. In addition, most guidelines limit use of Benzodiazepines to 4 weeks. Therefore, the request for Triazolam tablets 0.25mg, days' supply: 30, quantity: 60 is not medically necessary.