

Case Number:	CM14-0018968		
Date Assigned:	04/23/2014	Date of Injury:	03/04/2005
Decision Date:	07/03/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/14/2014

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:

The patient is a 52-year-old-female who has submitted a claim for right cervical radiculopathy s/p cervical fusion, s/p failed permanent spinal cord stimulator associated with an industrial injury date of 3/4/05. Medical records from 2013 were reviewed which revealed persistent cervical spine pain radiating to bilateral shoulder blades, graded 9/10. Numbness was noted extending into the shoulders and trapezius bilaterally. Pain was noted over the upper lumbar, lower thoracic spine and right upper buttocks. Physical examination showed tenderness and spasm over the trapezius bilaterally, paraspinal musculatures and medial border of the right scapula. Hoffman test was negative. MMT of both upper extremities was normal. Treatment to date has included right C6 discectomy/partial corpectomy, cervical fusion dated 11/5/07, cervical SCS and trigger point injections. Medications taken were Oxycodone 10 mg, Percocet 10 mg, Prilosec 20 mg, Oxycontin 10 mg, Cymbalta 20 mg, Lidoderm Patch, Norco 10 mg, Omeprazole, Orphenadrine 100 mg and Triazolam 0.25mg. A utilization review from 1/24/14 modified the request of Triazolam 0.25 mg/tab from prescribing 30 tablets to 15 tablets for weaning purposes. It was modified because there was no documentation that patient had sleep disturbance and anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIAZOLAM TAB .25 MG DAYS 30 QTY 30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Benzodiazepines.

Decision rationale: As stated on page 24 of the MTUS Chronic Pain Guidelines, benzodiazepines are not recommended for long-term use because of unproven long-term efficacy and risk of dependence; use is limited to 4 weeks. The ODG states that Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids. In this case, the patient has been on Triazolam 0.25mg/tab since at least 11/5/2013 once a day before bedtime. There was no documentation in the medical records submitted documenting whether the patient is suffering from anxiety and insomnia. In addition, the patient is taking opioid medications, which can synergistically act with Triazolam that can lead to overdose. There is no discussion concerning the need for variance from the guidelines. Benzodiazepines are not recommended for long-term use. Therefore, the request is not medically necessary and appropriate.