MAXIMUS Federal Services

Case Number:	CM14-0151222		
Date Assigned:	09/19/2014	Date of Injury:	03/04/2005
Decision Date:	10/24/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/16/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 with a 3/4/05 date of injury. A 7/31/14 progress note described bilateral neck pain, upper back pain, and middle back pain, left shoulder pain, and right shoulder pain. With medication, pain levels are 5/10 and without 10/10. Clinically, there was reduced range of motion in the cervical and lumbar spine with tenderness to palpation. Allodynia was noted in the right upper extremity, which was unchanged from prior visit. Treatment plan discussed a refill of medications, including Triazolam. It was noted that without this medication, she has extreme difficulty falling asleep and staying asleep, due to difficulty finding a comfortable position, when attempting to sleep. Triazolam helps ease the patient's mind; she falls asleep quicker and sleeps through the night. She has failed Ambien in the past. There was no aberrant behavior noted. A 4/30/14 progress note described continued pain. Medications were listed and a refill was requested, including Triazolam. Trigger point injections were performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIAZOLAM 0/25MG 1 PO Q HS #30 WITH 3 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINES Page(s): 24, 124.

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

Decision rationale: The patient has a 2005 date of injury and has utilized this medication for some time. Although there was note of efficacy, with improved sleep quality, the California MTUS guidelines state that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. As the patient has far exceeded guideline recommended duration of use, the request cannot be considered medically necessary.