

<b>Case Number:</b>	CM14-0185293		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	08/15/2008
<b>Decision Date:</b>	12/30/2014	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2014

### 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 Internal 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:

Pursuant to a progress note dated October 16, 2014, the IW complained of right shoulder pain that was constant, stabbing, burning, throbbing, cramping, tingling, and shooting. It was worse with movement and better with medication, rest ice and heat. There was associated numbness in the third, fourth, and fifth digits on the right and grip weakness. There was increased spontaneous electrical pain in the right elbow. Pain was rated 8/10, which was up from last visit at 7/10. She has right thumb twitching and was dropping things. The increase in Tizanidine to 4mg did not affect the spasms and would like the Tizanidine increased again. Prior to the Tizanidine being prescribed on August 18, 2014, the IW was on Soma for an extended period of time. The IW was also taking Oxycodone and Amitiza for opioid-induced constipation. She was taking Triazolam 0.25mg since at least April 1, 2014, which helped her fall asleep. Treatment plan includes medication refills, cognitive behavioral therapy, restart rehabilitation, and urine drug screen next visit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Triazolam 0.25mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**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:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Triazolam 0.25mg, #60 is not medically necessary. Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence frank addiction. Most guidelines limit its use to four weeks. Benzodiazepine range of action includes sedative/hypnotic, anxiolytic, anticonvulsant and muscle relaxing. Triazolam is a benzodiazepine. In this case, Triazolam helps the injured worker fall asleep however it does not keep her asleep. The injured worker has been taking Triazolam since April 1, 2014. Long-term efficacy is unproven and there is a risk of dependence. Additionally, the guidelines do not recommend use of benzodiazepines beyond four weeks. Consequently, Triazolam 0.25mg, #60 is not medically necessary. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Triazolam 0.25mg, #60 is not medically necessary.

**Tizanidine 4mg, # 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Muscle Relaxants

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Triazolam 0.25mg, #60 is not medically necessary. Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence frank addiction. Most guidelines limit its use to four weeks. Benzodiazepine range of action includes sedative/hypnotic, anxiolytic, anticonvulsant and muscle relaxing. Triazolam is a benzodiazepine. In this case, Triazolam helps the injured worker fall asleep however it does not keep her asleep. The injured worker has been taking Triazolam since April 1, 2014. Long-term efficacy is unproven and there is a risk of dependence. Additionally, the guidelines do not recommend use of benzodiazepines beyond four weeks. Consequently, Triazolam 0.25mg, #60 is not medically necessary. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Triazolam 0.25mg, #60 is not medically necessary.