

Case Number:	CM14-0030755		
Date Assigned:	06/20/2014	Date of Injury:	07/09/2003
Decision Date:	07/21/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	03/11/2014

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 Health 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain, knee pain, neck pain, anemia, and psychological stress reportedly associated with an industrial injury of July 9, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; left and right total knee arthroplasty; earlier lumbar fusion surgery; anxiolytic medications; and a cane. In a Utilization Review Report dated February 7, 2014, the claims administrator denied a request for triazolam. The claims administrator stated that the applicant was apparently using the medication in question for anxiety, depression, and insomnia. The applicant's attorney subsequently appealed. In a February 13, 2013 progress note, the applicant was apparently described as using a variety of medications, including oxycodone, tramadol, gabapentin, and Celexa. It was stated that attempts to wean the applicant off of opioids was unsuccessful.

IMR ISSUES, DECISIONS AND RATIONALES

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

Triazolam tab 0.25mg day supply 30 Qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 402, anxiolytics may be appropriate for brief periods, in cases of overwhelming symptoms, so as to afford an applicant with the ability to recoup emotional and physical resources. In this case, however, the attending provider has seemingly posited that he intends for the applicant to employ triazolam for chronic, long-term, and/or scheduled use purposes for anxiety, insomnia, and depression. This is not indicated, appropriate, or supported by ACOEM. Therefore, the request is not medically necessary.