

Case Number:	CM14-0195756		
Date Assigned:	12/03/2014	Date of Injury:	12/29/2000
Decision Date:	01/15/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/22/2014

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 American Board Family Practice 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:

70 yr. old male claimant sustained a work injury on 12/29/2000 involving the head and low back. He was diagnosed with a concussion, lumbar strain, chronic pain syndrome and a post concussive syndrome with cognitive impairment. Progress notes on August 20, 2014 indicated the claimant had difficulty organizing thoughts. There is no mention of sleep difficulty in the exam portion or subjective complaints. The physician wished to switch the claimant to Halcion from Dalmane since the Dalmane aggravated the claimants REM sleep and caused him to thrash violently. A Progress note on September 16, 2014 indicated the claimant had continued headaches. Exam findings were unremarkable. The claimant was continued on his pain medications and was switched from Dalmane to Halcion (Triazolam) for sleep. There was no mention of sleep difficulties at the visit. Exam note on October 14, 2014 indicated the claimant had difficulty organizing thoughts. He remained on the Triazolam. There was no mention of sleep difficulties.

IMR ISSUES, DECISIONS AND RATIONALES

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

Triazolam 0.25 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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) insomnia medications

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines , Benzodiazepines are not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks and its range of action includes: sedation, anxiolytic, anticonvulsant and muscle relaxant. The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, insomnia medications recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Triazolam (Halcion) is FDA-approved for sleep-onset insomnia. This medication is only recommended for short-term use due to risk of tolerance, dependence, and adverse events (daytime drowsiness, anterograde amnesia, next-day sedation, impaired cognition, impaired psychomotor function, and rebound insomnia). The claimant had consistent headaches and disorganized thoughts which could be aggravated by the Triazolam. Continued and long-term use is not medically necessary.