

<b>Case Number:</b>	CM15-0146009		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	10/05/2002
<b>Decision Date:</b>	09/03/2015	<b>UR Denial Date:</b>	07/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 injured worker was a 56 year old female, who sustained an industrial injury, October 5, 2002. The injury was sustained when the injured was turning heavy equipment and broke the sternum. The injured worker previously received the following treatments Oxycodone, Amitriptyline, Celebrex, Effexor ER, Therma-Care, Lidoderm Patches, Triazolam, chest CT showed nothing significant on the left side and random toxicology laboratory studies which were negative for any unexpected findings. The injured worker was diagnosed with chondrosternal sprain, chest wall pain, painful respirations, chronic pain syndrome, depression and long-term medications. According to progress note of June 1, 2015, the injured worker's chief complaint was right sternal pain. The physical exam noted a scar that followed the contour of both breasts and joins in the middle at about the sternum for sternal repair and breasts reduction. There was nothing visible on the left or right side. The treatment plan included prescriptions for Triazolam and Venlafaxine (Effexor).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Triazolam 0.25mg #30 with 2 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, page 23.

**Decision rationale:** Triazolam (Halcion) medication in the benzodiazepine family and like other benzodiazepines, act by enhancing the effects of gamma-aminobutyric acid (GABA) in the brain. GABA is a neurotransmitter (a chemical that nerve cells use to communicate with each other) which inhibits many of the activities of the brain. It is believed that excessive activity in the brain may lead to anxiety or other psychiatric disorders. Triazolam is used for the short-term relief of insomnia symptoms, usually up to 4 weeks, as long-term efficacy is unproven with risk of dependency. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. Submitted reports have not identified any clinical findings or specific sleep issues such as number of hours of sleep, difficulty getting to sleep or staying asleep or how the use of this sedative/hypnotic has provided any functional improvement if any from treatment rendered. The reports have not demonstrated any clinical findings or confirmed diagnoses of sleep disorders to support its use for this chronic injury. There is no failed trial of behavioral interventions or conservative sleep hygiene approach towards functional restoration. Submitted reports have not adequately addressed the indication for Triazolam's continued use for the chronic 2002 injury nor is there documented functional efficacy from treatment already rendered. The Triazolam 0.25mg #30 with 2 refills is not medically necessary and appropriate.

**Venlafaxine (unknown dosage and quantity):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant for Chronic Pain, 13-16.

**Decision rationale:** MTUS Medical Treatment Guidelines do not recommend Effexor, a Selective Serotonin and Norepinephrine ReUptake Inhibitor (SSRI/SNRIs) without evidence of failed treatment with first-line tricyclics (TCAs) not evident here. Tolerance may develop and rebound insomnia has been found for this patient who has sleeping complaints. An SSRI/SNRI may be an option in patients with coexisting diagnosis of major depression that is not the case for this chronic 2002 injury without remarkable acute change or red-flag conditions. Submitted reports from the provider have not adequately documented any failed trial with first-line TCAs nor is there any diagnosis of major depression. The patient has been prescribed the medication without any functional improvement derived from treatment already rendered. The Venlafaxine (unknown dosage and quantity) is not medically necessary and appropriate.