

Case Number:	CM15-0186364		
Date Assigned:	09/28/2015	Date of Injury:	12/29/2000
Decision Date:	11/09/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/22/2015

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 is a 71-year-old male who sustained an industrial injury December 29, 2000. History included status post lumbar spine surgery, chronic treatment for mantle cell lymphoma, currently in remission and prostate disease, in remission. Previous primary treating physician's progress reports dated July 14, 2015 and June 2, 2015 are closely the same. On June 2, 2015, the injured worker disclosed his wife will be undergoing chemotherapy and he is in moderate distress with her condition. According to a primary treating physician's progress report dated August 11, 2015, the injured worker was seen for neurological re-evaluation and medication monitoring. The physician documents; "his condition is stable, vital signs: blood pressure 125-80 pulse: 70 beats per minute; there is normal strength, sensation and reflexes in the upper and lower extremities". Impression is documented as closed head injury with concussion; post-concussion syndrome with cognitive impairment and mood impairment, as well as sleep disturbance, headaches, episodic dizziness, anxiety and depression; sprain, strain of the lumbar spine, status post lumbar spinal surgery; chronic pain syndrome with epidural injections, trigger point injections. Treatment plan included continuing medication program and at issue, a request for authorization for Triazolam 0.25 mg #60 with (2) Refills. According to utilization review dated August 28, 2015, the request for Triazolam 0.25mg #60 with (2) Refills was modified to Triazolam 0.25mg #30 with No Refills to wean to discontinue.

IMR ISSUES, DECISIONS AND RATIONALES

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

Triazolam 0.25mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Insomnia Treatment; Opioids for Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic) chapter under Benzodiazepine.

Decision rationale: The 71 year old patient presents with closed-head injury with concussion; post-concussion syndrome with cognitive and mood impairment, sleep disturbance, headaches, episodic dizziness, anxiety and depression; lumbar sprain/strain; chronic pain syndrome; mantle cell lymphoma, in remission; and prostate disease; in remission, as per progress report dated 08/11/15. The request is for TRIZOLAM 0.25mg #60 WITH 2 REFILLS. The RFA for this case is dated 08/11/15, and the patient's date of injury is 12/29/00. Current medications, as per progress report dated 08/11/15, included Soma, Triazolam, Cymbalta, Meclizine, Provogil, Oxycontin, Mylan, and Doc Plus. The patient's work status has been documented as permanent and stationary, as per the same progress report. The MTUS Chronic Pain Medical Treatment Guidelines 2009 page 24 and Benzodiazepines section states, "benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." ODG guidelines, Pain (chronic) chapter under Benzodiazepine states: Not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. In this case, a prescription for Trizolam is first noted in progress report dated 07/23/14. This appears to be first prescription for the medication. In the report, the treater states that the patient's Flurazepam is being replaced with Trizolam. The treater also states "he has an exacerbation of his sleep disorder and is much more restless in his sleep." While the patient appears to have used Trizolam consistently since then, the treater does document its efficacy. Additionally, both MTUS and ODG guidelines do not support the long-term use of Benzodiazepines. Hence, the request IS NOT medically necessary.