

Case Number:	CM15-0218723		
Date Assigned:	11/10/2015	Date of Injury:	07/29/2004
Decision Date:	12/21/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	11/06/2015

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: Preventive Medicine, Occupational Medicine

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 50 year old female who sustained an industrial injury on 7-29-04. The injured worker reported left lower extremity symptoms. A review of the medical records indicates that the injured worker is undergoing treatments for failed back syndrome, lumbago, cervicgia and chronic pain. Medical records dated 9-24-15 indicate "lower back down t left foot, into right thigh" pain rated at 9-10 out of 10. Treatment has included epidural steroid injection, Flexeril since at least December of 2014, Ibuprofen since at least December of 2014, status post cervical and lumbar spine surgery, status post spine stimulator placement, Dilaudid since at least July of 2015. Objective findings dated 9-24-15 were notable for "severe guarding in the LE's, diminished sensation and dysesthesias in the left foot, lateral more affected than medial, bilateral EHL weakness". The original utilization review (10-14-15) denied a request for Triazolam 0.25mg quantity 30 for a 30 day supply.

IMR ISSUES, DECISIONS AND RATIONALES

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

Triazolam 0.25mg quantity 30 for a 30 day supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain/Insomnia treatment.

Decision rationale: MTUS Guidelines do not address this issue. ODG Guidelines address this issue in detail and the updated versions support the long term use of some hypnotic medications for chronic insomnia associated with chronic pain. However, Triazolam (Halcion) is not one of the supported hypnotic medications for long term use. Recommend use is limited to 3 weeks or less as this drug is essentially a short acting Benzodiazepine. There are other alternatives that are supported for long term use and there are no unusual circumstances to justify an exception to Guideline recommendations. The Triazolam 0.25mg quantity 30 for a 30 day supply is not supported by Guidelines and is not medically necessary.